

995000049135

Quarter Number Only

6/22/95

Requestor's Name: JOSE R. SOSA
Address: 570 E. 49 St.
City: Hialeah FL ZIP: 33013

VALIDATION ONLY

200001521832
-06/23/95--01033--026
****122.50 ****122.50

CORPORATION(S) NAME

ODDLY'S MEDICAL SUPPLY, INC.

FILED
95 JUN 23 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
95 JUN 23 AM 10:21
DIVISION OF CORPORATION



EMPIRE Toll Free: 1-800-432-3028

- Profit
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- Certified Copy
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- Photo Copies
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- Will Wait
- Mergar
- Mark
- Other
- Change of Registered Agent
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Name
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Examiner
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Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

B. REGISTER JUN 23 1995

ARTICLES OF INCORPORATION

of

ODALY'S MEDICAL SUPPLY, INC
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ODALY'S MEDICAL SUPPLY, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of FIVE Dollar(s) (\$ 5.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ODALYS CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	FLORIDA	ZIP 33155

The principal office, if known, or the mailing address of the corporation is:

NAME	ODALYS CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	FLORIDA	ZIP 33155

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ODALYS CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	STATE FLORIDA	ZIP 33155
NAME	MARTHA B. CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	STATE FLORIDA	ZIP 33155
NAME			
ADDRESS			
CITY		STATE	ZIP


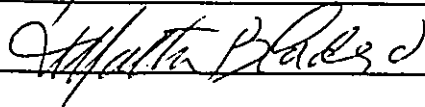
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ODALYS CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	STATE: FLORIDA	ZIP 33155
NAME	MARTHA B. CORDERO		
ADDRESS	4816 SW 75 AVENUE		
CITY	MIAMI	STATE FLORIDA	ZIP 33155
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23rd day of JUNE, 1995.

 (Seal)
 (Seal)
_____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
95 JUN 23 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ODALY'S MEDICAL SUPPLY, INC
(name of corporation)


Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 4816 SW 75 AVENUE
MIAMI, FLORIDA 33155

has named ODALYS CORDERO
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

P95000049135

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5:27 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H95000003207)))
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000008207))) DOCUMENT TYPE: BASIC AMENDMENT

NAME: ODALY'S MEDICAL SUPPLY, INC.
FAX AUDIT NUMBER: H95000008207
DATE REQUESTED: 07/25/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: \$35.00

CURRENT STATUS: REQUESTED
TIME REQUESTED: 17:27:17
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072450003255

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000008207)))
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ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

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95 JUL 27 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Conradie
Linder*

DIVISION OF CORPORATIONS

95 JUL 27 PM 4:23

RECEIVED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 26, 1995

ODALY'S MEDICAL SUPPLY, INC.
4816 SW 75 AVENUE
MIAMI, FL 33155

SUBJECT: ODALY'S MEDICAL SUPPLY, INC.
Ref. Number: P95000049135

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt
Corporate Specialist

FAX Aud. #: H95000008207
Letter Number: 095A00035533



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

July 27, 1995

ODALY'S MEDICAL SUPPLY, INC.
4816 SW 75 AVENUE
MIAMI, FL 33155

SUBJECT: ODALY'S MEDICAL SUPPLY, INC.
REF: P95000049135

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original document, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The FAX audit number must be on the top and bottom of each page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt
Corporate Specialist

FAX Aud. #: M95000008207
Letter Number: 495A00035767

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
95 JUL 27 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARtha B. CORDERO, hereby resign as VICE PRESIDENT / SECRETARY (Title)

of ODALY'S MEDICAL SUPPLY, INC. (Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

That the corporation has been notified in writing of the resignation.

Martha B. Cordero
(Signature of resigning officer/director)

JOSE R. SOSA, ACCT.
570 E. 49 ST.
Hialeah, FL 33013
(305) 688-1714

FILING FEE IS \$36.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

#95000008207

LOZ0000008207

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 27 PM 1:49

mtw
10/14

DOCUMENT # **P95000049135**

1 Corporation Name

ODALY'S MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
4816 SW 75 AVENUE MIAMI FL 33155	4816 SW 75 AVENUE MIAMI FL 33155



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, if Applicable		3 New Mailing Office Address, if Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		06/23/1995	
City & State		City & State		5 FEI Number	
Zip		Country		65-0591669	
				Applied For	
				Not Applicable	
				6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	CORDERO, ODALYS	4816 SW 75 AVENUE	MIAMI FL 33155
			400001974044--4 -10/15/96--01101--012 *****375.00 *****375.00
			400001974044--4 -10/15/96--01101--013 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORDERO, ADALYS 4816 SW 75 AVENUE MIAMI FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	


10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E040 (7/96)