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\_\_\_\_\_  
Leticia Simon  
8029 SW 64st  
Miami FL 33143  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Phone #)

OFFICE USE ONLY

200001528102  
-06/30/95--01035--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SIMED MEDICAL EQUIPMENT, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

JUL 5 1995 BSB

Examiner's Initials

FILED  
95 JUN 30 PM 1:08  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
SINED MEDICAL EQUIPMENT, INC.

I, the undersigned, do hereby subscribe myself for the purpose of becoming a corporation under the laws of the State of Florida, and do hereby adopt the following of incorporation.

ARTICLE ONE NAME

The name of the corporation shall be:

Sined Medical Equipment, Inc.

ARTICLE TWO - DURATION

This corporation shall have perpetual existence, and its corporation existence shall commence at the time of filing of articles of incorporation by the Department of State.

ARTICLE THREE - PURPOSE

The corporation shall engage in activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE FOUR - CAPITAL STOCK

The aggregate number of shares which this corporation shall have authority to issue is Five Hundred shares (500) with (\$1.00) Dollars per value per share.

ARTICLE FIVE - INITIAL REGISTERED OFFICE AND AGENT

The street address of the corporation registered office is 9703 South Dixie Highway, Suite B Miami, FL 33156. And the name of its initial registered agent is Leticia Simon. And principal address of this corporation.

ARTICLE SIX - INITIAL BOARD OF DIRECTORS

The name and post office address of the members of the first board of directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified are as follows:

Leticia Simon 8029 S.W. 64 Street Miami, FL 33143

ARTICLE SEVEN - INCORPORATORS

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed by them to the stockholders, and approved at a stockholders meeting by a majority of the stockholders entitled to vote thereon.

RESIDENT AGENT CERTIFICATE

In pursuance of chapter 481091, FLORIDA STATUTES, the following is submitted, in compliance with said act; that

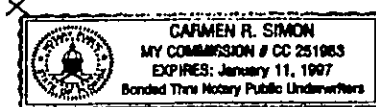
desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, at MIAMI, DADE COUNTY, FLORIDA has named LETICIA SIMON located at 9703 SOUTH DIXIE HIGHWAY SUITE 8 MIAMI, FL 33156, as its agent to accept service of process within the state.

*Leticia Simon*

ACKNOWLEDGMENT

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

*Leticia Simon*  
*Carmen R. Simon*



IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Incorporation, THIS 26 day of June OF 1995.

*[Signature]*

STATE OF FLORIDA )  
COUNTY OF DADE )

I Heroby certify that on this day, personally appeared before me, the undersigned authority to me known to be the person described in the foregoing Articles of Incorporation of Simed Medical Equipment, INC. who acknowledged to me that the person executed the same freely and voluntarily and for the purposes therein expressed.

WITNESS my hand and official seal at MIAMI, DADE COUNTY,

FLORIDA, THIS 26 DAY OF June 1995

*[Signature: Carmen R Simon]*

