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CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

7/12/95

FLORIDA DIVISION OF CORPORATIONS  
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((H95000007725))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS FROM: FAS-1 CORP. AGENTS, INC.  
DEPARTMENT OF STATE 4405 NW 33RD ST  
STATE OF FLORIDA SUITE C-100  
409 EAST GAINES STREET MIAMI FL 33166-0-0000  
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839  
FAX: (305) 592-9591

((H95000007725))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: R.M.A. MEDICAL SUPPLY, INC.

FAX AUDIT NUMBER: H95000007725

CURRENT STATUS: REQUESTED

DATE REQUESTED: 07/12/1995

TIME REQUESTED: 11:01:29

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CERTIFICATE OF STATUS: 0

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11:01 PM

7/12/95

FILED  
JUL 12 PM 12

RECEIVED  
JUL 12 PM 1:52  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION OF  
R.M.A. MEDICAL SUPPLY, INC.

FILED  
JUL 11 1962  
CORPORATION  
STATE OF FLORIDA

ARTICLE I: NAME.

The name of this corporation is:

R.M.A. MEDICAL SUPPLY, INC.

ARTICLE II: DURATION.

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III: PURPOSE.

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV: CAPITAL STOCK.

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

ARTICLE V: AMOUNT OF CAPITAL.

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) dollars.

Prepared By:  
RAUL O. LOPEZ  
6140 S.W. 147th Ct.  
Miami, Fl. 33193  
305-385-0485

**ARTICLE VI: PREEMPTIVE RIGHTS:**

Every shareholders upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VII: INITIAL REGISTERED OFFICE , AGENT AND PRINCIPAL OFFICE.**

The street address of the initial registered office of this corporation is:

6140 S.W. 147th Court  
Miami, Fl. 33193

The name of the initial registered agent of this corporation is:

RAUL O. LOPEZ

The corporation principal office shall be:

5600 S.W. 135th Avenue Unit 214-B  
Miami, Fl. 33183

**ARTICLE VIII: INITIAL BOARD OF DIRECTORS.**

This corporation shall have two (2) director(s), initially. The number of director(s) may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (1). The name (s) and address (es) of the initial Board of Director (s) of this corporation is (are):

RAUL O. LOPEZ  
6140 S.W. 147th Court  
Miami, Fl. 33193

MILAGRO LOPEZ  
6140 S.W. 147th Court  
Miami, Fl. 33193

**ARTICLE IX: INDEMNIFICATION.**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE X: INCORPORATORS.**

The name and address of the person (s) signing these Articles of Incorporation is (are):

RAUL O. LOPEZ

6140 S.W. 147th Court

Miami, Fl. 33193

IN WITNESS THEREOF, we, being all of the original subscribers and incorporators of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of State of the State of Florida, and accordingly ~~set our hands and seal this~~ 12th day of JULY 1995.

  
\_\_\_\_\_  
RAUL O. LOPEZ


STATE OF FLORIDA

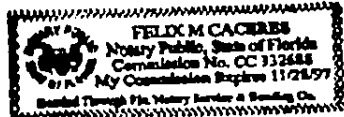
COUNTY OF DADE

I HEREBY CERTIFY THAT on this day, before me a Notary Public duly authorized in the above mentioned State and County to take acknowledgements, personally appeared -----  
-----RAUL O. LOPEZ-----

to me well known and known to be the persons described in and who executed these foregoing Articles of Incorporation, and they acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hands and official seal in the City of Miami County of Dade and State of Florida, this 12th day of July 1995.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES:



CERTIFICATE DESIGNATING DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN  
THE STATE OF FLORIDA  
NAMING AGENT WHO PROCESS MAY BE SERVED

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:

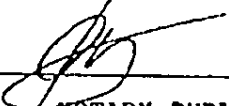
First-That -----R.M.A. MEDICAL SUPPLY, INC.-----  
qualified to do business under the laws of the State of Florida  
with its principal office at the city of Miami County of Dade  
State of Florida has appointed-----  
-----RAUL O. LOPEZ-----  
City of Miami , County of Dade . State of Florida.  
as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

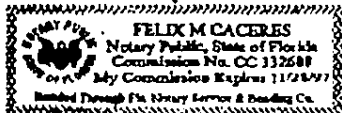
Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

  
RAUL O. LOPEZ

Sworn to and subscribed  
before me, this 12th  
day of July , A.D. 1995.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My commission expires:



FILED  
JUL 12 1995  
CLERK OF DISTRICT COURT  
MIAAMI COUNTY FLORIDA