

P95000054976

20 April 1995

600001537356
-07/13/95--01000--008
***122.50 ***122.50

State of Florida
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen;

Please find enclosed a check in the amount of \$122.50 to cover the cost of recording the attached Articles of Incorporation.

Thank you for your cooperation in this matter and please feel free to call me at (800) 282-2160 if you need any additional information.

Sincerely,


Candelaria Infesta

JUL 17 1995 BSE

FILED
95 JUL 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
BAY AREA MEDICAL SUPPLY STORE, INC.**

FILED
95 JUL 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, does hereby act as incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation is:

BAY AREA MEDICAL SUPPLY STORE, INC.

ARTICLE II

The address of the principal office of the Corporation is
2526 TAMPA BAY BLVD, TAMPA, FLORIDA 33607.

ARTICLE III

The maximum number of shares this Corporation is authorized to issue is 1000, all of which shall be Common Shares. The par value of each share shall be fifty cents (\$.50).

ARTICLE IV

The initial street address of the Corporation's registered office is **2526 TAMPA BAY BLVD., TAMPA, FLORIDA 33607.**
The initial registered agent for the Corporation at that address is **Candelaria Infiesta.**

ARTICLE V

The initial board of directors shall consist of one member. The name and address of the persons who will serve on the initial board of directors are:

NAME	ADDRESS
Candelaria Infiesta	4005 N. Glen Ave. Tampa, Florida 33607

ARTICLE VI

The names and street address of the person signing these articles of incorporation is:

Candelaria Infiesta	4005 N. Glen Ave. Tampa, Florida 33607
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IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 20th day of April 1995.


Candelaria Infiesta

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for
BAY AREA MEDICAL SUPPLY STORE, INC. at the place designated in the
Articles of Incorporation, the undersigned is familiar with and
accepts the obligations of that position pursuant to F.S.
607.0501(3).

DATE: 20 April 1995


Candelaria Infesta

FILED
95 JUL 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :
DEPARTMENT OF STATE

P 950000549 3786

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,535.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,535.00	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	1,167.50

GRAND TOTAL: \$ 1,535.00

Process Date: 07/24/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

RECEIVED
95 AUG -9 PM 1:57
OFFICE OF THE STATE TREASURER

Bill Nelson

EVELINA CANASI 04-94

PHONE 708-6889
2125 W JUNEAU ST.
TAMPA, FL 33604 RETURNED UNPAID NSF

PAY TO THE ORDER OF *State of Florida*

☐ PAYMENT STOPPED
☒ ACCOUNT CLOSED

Manuscript Bank
OFFICE 548 OTHER 548 (SPECIFY)

FOR \$ **33125 051651 102557E**

(A) 1651
7-11-74
122.76
RECEIVED
CASH ITEM
Graham Carson
#0000012250*



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

August 11, 1995

Evelina Canasi
2125 W. Juneau St.
Tampa, FL 33604

SUBJECT: BAY AREA MEDICAL SUPPLY STORE, INC.
Ref. Number: P95000054976

Debit Memo #: 60318-A

This is to inform you that your check #1651 dated July 11, 1995 in the amount of \$122.50 and submitted for BAY AREA MEDICAL SUPPLY STORE, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 495A00037773

cc: Bay Area Medical Supply Store, Inc.
2526 Tampa Bay Blvd.
Tampa, Florida 33607



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 15, 1995

Evelina Canasi
2125 W. Juneau St.
Tampa, FL 33604

SUBJECT: BAY AREA MEDICAL SUPPLY STORE, INC.
Ref. Number: P95000054976

Debit Memo #: 60336 A

Due to your failure to respond to our previous letter advising you of the returned check #1651, the Articles of Incorporation for BAY AREA MEDICAL SUPPLY STORE, INC. have been cancelled and are considered not filed as of September 14, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 095A00042521

cc: Bay Area Medical Supply Store, Inc.
2526 Tampa Bay Blvd.
Tampa, Florida 33607