

FILED
95 JUL 24 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
Citrus Medical Equipment Services, Inc.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
Citrus Medical Equipment Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3750 West 16th Avenue Suite # 136-U
Hialeah, Fl 33012

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at one time is :

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE
PER SHARE.

ARTICLE IV NAME AND ADDRESS OF INITIAL REGISTERED AGENT,
INCORPORATOR, OFFICER, AND (OR) DIRECTOR

The name and address of the initial registered agent (s), officer (s) and or director (s) of the corporation.

Nelson Sardinas 3750 West 16th Avenue Suite # 136-U
Hialeah, Fl 33012

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 JUL 24 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is : Citrus Medical Equipment Services, Inc.

2. The name and address of the registered agent and office is :

Nelson Sardinias


(NAME)

3750 West 16th Avenue Suite # 136-U


(P.O. BOX NOT ACCEPTABLE)

Hialeah, Fl 33012

(CITY/STATE/ZIP)

SIGNATURE 
CORPORATION OFFICER
TITLE PRESIDENT
DATE 7/20/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 
DATE 7/20/95

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the Incorporator (s) of these Articles of Incorporation is (are) :

Nelson Sardinas 3750 West 16th Avenue Suite # 136-U
Hialeah, Fl 33012

The undersigned h'as (have) executed these Articles of Incorporation this



Signature/Title
PRESIDENT

P95000057403

Citrus Medical Equipment Services Inc.
 12811 SW 42 Street # 281
 Miami FL 33175

500001648949
 -11/29/95--01099--003
 *****35.00 *****35.00

NY

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

1. _____
(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 type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 DEC 18 PH 2: 01

SH DEC 19 1995

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 5, 1995

Citrus Medical Equipment Services, Inc.
12811 S.W. 42nd St , #281
Miami, FL 33175

SUBJECT: CITRUS MEDICAL EQUIPMENT SERVICES, INC.
Ref. Number: P95000057403

We have received your document for CITRUS MEDICAL EQUIPMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please be specific when listing what your amending. In Article II, is this the new corporate address or the new officer address. In Articles III, is Isabel Penate the new registered agent? Please provide a street address for the new officer. If you are naming Isabel Penate as the new registered agent, then make a statement to that effect and include the registered agent acceptance paragraph and signature. If the incorporator adopted the amendment, then the person signing must have Incorporator as their title. I am enclosing a new amendment form for your convenience.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 895A00052876

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

Citrus Medical Equipment Services Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article II new ^{corporate} address = 12811 SW 42nd Street #281
MIAMI FL 33175

Article III new Registered agent = Isabel Penate
12811 SW 42nd #281
MIAMI FL 33175

Article V President = Isabel Penate

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 18 PM 2:01

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption:

12/14/55

December 14th, 1995

To whom it may concern:

I Isabel Penate hereby accept the duties and responsibilities as registered agent of Citrus Medical Equipment Services, Inc. located 12811 sw 42ND Street Suite # 281 Miami, Fl 33175. My address is the same as aboved mentioned. Should you have any questions please do not hesitate to contact me at (305)558-3888 or by mail. Thank you for your prompt attention to this matter.

Sincerely,



Isabel Penate
Registered agent

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
voting group
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 14 of December, 19 95.

Signature 
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ISABEL PEÑATE

Typed or printed name

Registered Agent

Title