

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 AUG - 1 AM 11:08

8/1/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>ARK</u>	_____	_____	_____

WALK-IN Will Pick Up 8-1 12:00

RE: Quiltek Medical  
Capital Connection, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign-Corp. File		
( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
<b>SUBTOTALS</b>		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

ARTICLES OF INCORPORATION  
of  
QUALITEK MEDICAL EQUIPMENT, INC.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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FIRST:

The name of the Corporation shall be QUALITEK MEDICAL EQUIPMENT, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH  
1605 Main Street, Suite 1001  
Sarasota, Florida 34236

SIXTH:

To the incorporator of QUALITEK MEDICAL EQUIPMENT, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

7/31/95  
Date

Stanley A. Goldsmith  
Stanley A. Goldsmith

SEVENTH:


The initial Board of Directors of the corporation shall consist of one (1) member:

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DIVISION OF CORPORATIONS  
95 AUG -1 AM 11:08

Roger Rosen  
4211 Carriage Drive  
Sarasota, Florida 34241

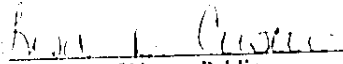
**EIGHTH:**

The incorporator of QUALITEK MEDICAL EQUIPMENT, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

  
ROGER ROSEN  
4211 Carriage Drive  
Sarasota, Florida 34241

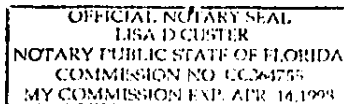
STATE OF FLORIDA )  
COUNTY OF SARASOTA ) ss:

The foregoing Articles of Incorporation of Qualitek Medical Equipment, Inc., were acknowledged before me this 31 day of July 1995 by STANLEY A. GOLDSMITH as registered agent. He is personally known to me or has produced \_\_\_\_\_ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

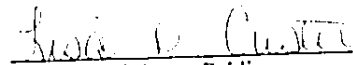
  
Signature of Notary Public

Lisa D. Custer  
Print Name of Notary Public

I am a Notary Public of the State of  
Florida, and my commission  
expires on 4/14/98.



The foregoing Articles of Incorporation of Qualitek Medical Equipment, Inc., were acknowledged before me this 31 day of July 1995 by ROGER ROSEN as incorporator. He is personally known to me or has produced passport as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

  
Signature of Notary Public

Lisa D. Custer  
Print Name of Notary Public

I am a Notary Public of the State of  
Florida, and my commission  
expires on 4/14/98.

