

P95000059822

FILED

95 AUG -1 11 08

TALLAHASSEE, FLORIDA

FRANK TRINIDAD

Requestor's Name

3191 CORAL WAY SUITE 115-118

Address

MIAMI, FLORIDA 33145

City

State

Zip

Phone

CORPORATION(S) NAME

ISI MEDICAL SUPPLY, CORP.

000001551490

-08/02/95--01014--013

*****70.00 *****70.00

☒ Profit☐ NonProfit☐ Amendment☐ Merger☐ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Limited Partnership☐ Annual Report☐ Other☐ Reinstatement☐ Reservation☐ Change of R.A.☐ Certified Copy☐ Photo Copies☐ CUS☐ Call When Ready☐ Call if Problem☐ After 4:30☐ Walk In☐ Will Wait☐ Pick Up☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier

CR2E031 (1-89)

70
3345

ARTICLES OF INCORPORATION

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STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS ISI MEDICAL SUPPLY, CORP.
and the mailing address is 3191 Coral Way Suite 115-118, Miami,
Florida 33145.

ARTICLE II

DURATION

This corporation shall have a perpetual existence, unless dissolved
according to law.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any or
all business for which corporation may be incorporated under the
Florida General Corporation Act.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue Five Hundred (500) shares
of One Dollar (1.00) par value common stock, which shall be
designated "COMMON SHARES."

ARTICLE V

INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this
corporation is 3191 Coral Way Suite 115-118, Miami, Florida 33145
and the name of the initial registered agent of this corporation at
that address is Frank Trinidad.

ARTICLE VI

INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (1) (one) Director(s) initially. The number of Director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial Director(s) of this corporation is/are:

Frank Trinidad
3191 Coral Way
Suite 115-118
Miami, Florida 33145

ARTICLE VII

INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgement in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

ARTICLE VIII

OFFICERS

The officers of this corporation shall be as follows:

Frank Trinidad

President & Vice President &
Secretary & Treasurer

ARTICLE IX

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is/are as follows:

Frank Trinidad
3191 Coral Way
Suite 115-118
Miami, Florida 33145

The undersigned incorporator(s) has/have executed these Articles of Incorporation on this 25th day of July, 1995.



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Statute, the following is
submitted, in compliance with said Act:

First -- That **ISI MEDICAL SUPPLY, CORP.**
desiring to organize under the laws of the State of Florida with
its principal office at 3191 Coral Way Suite 115-118, City of
Miami, County of Dade, State of Florida, has named Frank Trinidad
located at 3191 Coral Way Suite 115-118, City of Miami, County
of Dade, State of Florida, as its agent to accept service of
process within this state.

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

By:

Frank Trinidad

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SEC. 1
TALLAHASSEE, FLORIDA

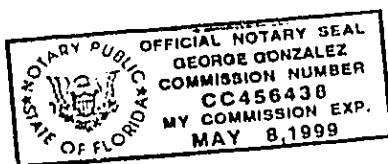
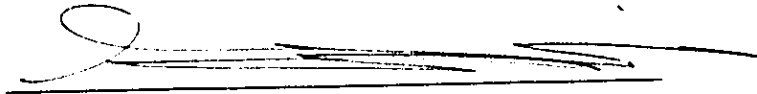
STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, notary public authorized to take acknowledgements in the state and county set forth above personally appeared Frank Trinidad known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this 25th day of July, 1995.

My commission expires:



DEBIT MEMORANDUM

P95000059822
DATE FOR OFFICIAL USE NAME
DEPARTMENT OF STATE
8.25.95

8.25.95

570

 * STATE OF FLORIDA
 * OFFICE OF STATE TREASURER
 * TALLAHASSEE FLORIDA
 *

| FUND | AMOUNT | REASON RETURNED | KEY # |
|-----------------|--------|--------------------|-------|
| GENERAL REVENUE | 0.00 | INSUFFICIENT FUNDS | 1 |
| TRUST | 672.50 | ACCOUNT CLOSED | 2 |
| OTHER | | UNCOLLECTED FUNDS | 3 |
| TOTAL | 672.50 | OTHER | |

410702295--01027*013

| CROSS REF | DISTRIBUTION SAMAS CODE | REASON | AMOUNT |
|--------------|--------------------------------------|--------|--------|
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | 70.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 4 | 122.50 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | 480.00 |

GRAND TOTAL: \$ 672.50

RECEIVED

95 AUG 29 AM 9:34
FINANCIAL MANAGEMENT

Process Date: 08/15/95

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