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95 AUG 15 AM II) GB STOR IZLLARO DO CONTOA

Department of State Division of Corporations P. O. Box 6327 Tallahassoe, FL 32314

SUBJECT	r: <u>e. 8</u>	B. MEDICAL EQU	JIPMENT & SUPP	TES INC.					
		(Proposed corporat	e name - must include	suffix)					
	ls an origina	l and one (1) co	py of the articles o	of incorporation and a	check				
for:	\$70.00	\$78.75	X \$122.50	<b>5131.25</b>					
	FROM:	Bertha A	lvarez						
Name (printed or typed)									
		5370 Palm <i>I</i>	venue, Suite 8						
			Address						
		Hialeah,	lorida 33012						
			ity, State & Zip						
		(305)	822-4266						
			e Telephone number						

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

FILED 95 AUG 15 ANTH 58 SECRETALIAN SERVICIANA TALLANAMAN SERVICIANDA

OF

F. & B. MEDICAL EQUIPMENT & SUPPLIES 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:

F. & B. MEDICAL EQUIPMENT & SUPPLIES INC.

#### ARTICLE II PRINCIPAL OFFICE

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

5370 Palm Avenue, Suite 8 Hialeah, Florida 33012

#### ARTICLE III SHARES

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

50

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bertha Alvarez 5370 Palm Avenue, Suite 8 Hialeah, florida 33012

#### ARTICLE V INCORPORATOR(S)

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

Bortha Alvaroz 5370 Palm Avenue, Suite 8 Histoah, Florida 33012

e undersign	ed incorporator(s)	) has(have) execu	ited these Articles of Incorporation
2n	dday of	August	, 19 <u>95</u> .
	Berth	(PP)	e i do -
<del></del>	1 Denly	Signature	<del>y</del>
		Signature	
	· · · · · · · · · · · · · · · · · · ·	Signature	

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF

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# REGISTERED AGENT/REGISTERED OFFICE 15 MEDICAL SHORT IN THE GREEN SHOTT IN THE GREEN SHORT IN THE GREEN SHOTT IN THE GREEN SHOTT

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: F.& B. MEDICAL EQUIPMENT & SUPPLIES INC.
2	The name and address of the registered agent and office is:
۷.	The halfie and address of the registered agents.
	Bertha Alvarez
	(Name)
	5370 Palm Avenue, Suite 8
	(P.O. Box not acceptable)
	Hialeah, Florida 33012
	(City/State/Zip)

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.

Bistha Charz 8/2/95