P95000064488

08/21/95 ... FAX-T CORPORATE AGENTS ... 001

CHANGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

08/21/95 FLORIDA DIVISION OF CORPORATIONS 9:01 AM
PUBLIC ACCESS SYSTEM
(((H95000009201))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAX-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H95000009201))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: A.M. BEST MEDICAL SUPPLY CORP.
FAX AUDIT NUMBER: H95000009201
DATE REQUESTED: 08/21/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $122.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 09:01:46
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000009201)))

** ENTER 'M' FOR MENU. **

FILED
95 AUG 21 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
95 AUG 21 PM 12:26

H95000009201

ARTICLES OF INCORPORATION
OF

A.M. BEST MEDICAL SUPPLY CORP.

FILED
95 AUG 21 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: A.M. BEST MEDICAL SUPPLY CORP.

The principal place of business of this corporation shall be: 261 Westward Dr., Suite 112
Miami Springs, FL 33166

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Amalia D. Rico 261 Westward Dr. Miami Springs, FL 33166

Prepared by: Amalia D. Rico
261 Westward Dr.
Miami Springs, FL 33166
(305) 884-1942

H95000009201

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Amalia D. Rico 261 Westward Drive Miami Springs, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18th day of August, 1995

Signature(s) of Incorporator(s)

Amalia Rico

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: A.M. REST MEDICAL SUPPLY CORP.

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

Amalia D. Rico
(P.O. BOX NOT ACCEPTABLE)

261 Westward Drive, Miami Springs, FL 33166
(CITY/STATE/ZIP)

FILED
95 AUG 21 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Amalia Rico
(corporate officer)

TITLE Director

DATE 8/18/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Amalia Rico

DATE 8/18/95

REGISTERED AGENT FILING FEE:

P95000064488

LAWRENCE CORPORATE INDUSTRIES, INC.
Requestor's Name

800 S.W. 87 AVENUE SUITE:16
Address

MIAMI, FL 33174 (305)552-5073
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
☑	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
02 FEB 15 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
RA

Examiner's Initials	

CR2E031(1-95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 19, 1996

LAZARUS CORPORATE INDUSTRIES, INC

TALLAHASSEE, FL

SUBJECT: A M. BEST MEDICAL SUPPLY CORP
Ref Number: P95000064488

We have received your document for A.M. BEST MEDICAL SUPPLY CORP. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN ARTICLE V, A SPECIFIC OFFICER TITLE DESIGNATION MUST BE GIVEN FOR JUSTO SOSA.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 296A00043386

President

[illegible]

[illegible]

[illegible]

[illegible]

Chairman or Vice Chairman of the Board of Directors, President or other officer [illegible] by the shareholders.

or

[illegible] incorporator or incorporators [illegible]

[illegible]
(Typed or printed name)

President
(Title)

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 ______________________

DEBIT MEMORANDUM

P95000064488

FOR OFFICIAL USE

DATE

NUMBER

TO :
DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	1,125.00	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	1,125.00	OTHER	4	

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	35.00
12	45-20-2-130001-45300000-00-000100-00	4	35.00
12	45-20-2-130001-45300000-00-000100-00	1	80.00
12	45-20-2-130001-45300000-00-000100-00	1	225.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00

GRAND TOTAL: $ 1,125.00

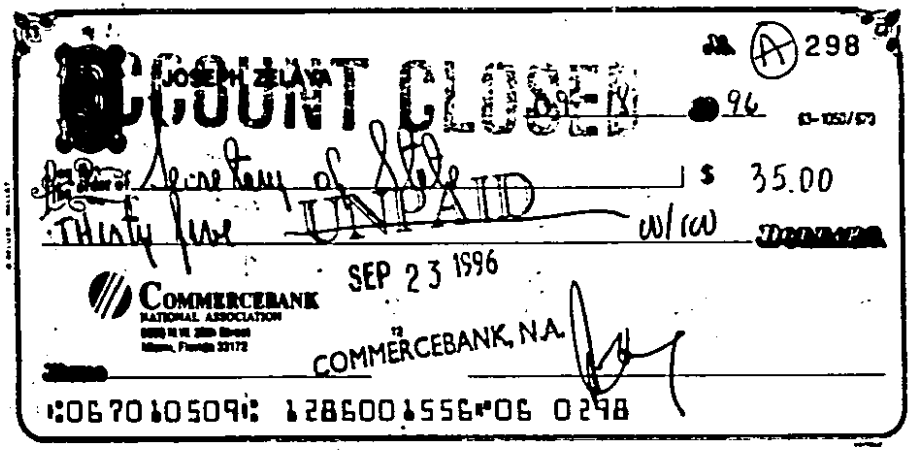
RECEIVED
96 OCT -8 AM 8:35
FINANCIAL MANAGEMENT

72211-A

Process Date: 09/25/96

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


JOSEPH ZELAYA
ACCOUNT CLOSED
298
96
$ 35.00
Thirty five UNPAID
SEP 23 1996
COMMERCEBANK
NATIONAL ASSOCIATION
COMMERCEBANK, N.A.
:067010509: 128600556=06 0298

DEPT OF SIBIE 450453
FOR DEPOSIT ONLY
-09/19/96--01037-003
-------*****35.00

BARNETT JAX
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4645
09 043111 09-20

20

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 11, 1996

A.M.Best Medical Supply Corp.
261 Westward Dr., Suite 112
Miami Springs, FL 33166

SUBJECT: A.M. BEST MEDICAL SUPPLY CORP.
Ref. Number: P95000064488

72211-A

Debit Memo #: 72211-A

This is to inform you that your check #298 dated September 18, 1996 in the amount of $35.00 and submitted for A.M. BEST MEDICAL SUPPLY CORP. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of $50.00 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 cashiers 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: 596A00046459

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 19, 1996

A.M. Best Medical Supply Corp.
261 Westward Dr., Suite 112
Miami Springs, FL 33166

SUBJECT: A.M. BEST MEDICAL SUPPLY CORP.
Ref. Number: P95000064488

71211-A mc

Debit Memo #: ~~72211-A~~

Due to your failure to respond to our previous letter advising you of the returned check #298, the Amendment for A.M. BEST MEDICAL SUPPLY CORP. has been cancelled and is considered not filed as of November 19, 1996.

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: 696A00052627