

P95000065414  
TRANSMITTAL LETTER

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

700001565657  
-08/22/95--01025--006  
\*\*\*131.25 \*\*\*131.25

SUBJECT: BIOMEDICAL LEASING CORPORATION  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

JOHN INGRAM

Name (printed or typed)

14120 HARPER'S FERRY STREET

Address

DAVIE, FLORIDA 33305

City, State & Zip

1-800-472-5663

Daytime Telephone number

TELEPHONE FLORIDA

SEP 21 11 09 AM '95

FILED

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

ARTICLES OF INCORPORATION

FILED

95 AUG 21 AM 9:08

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:

BIO MEDICAL LEASING CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

14120 HARBERS FERRY STREET  
DAVIE, FLORIDA 33325

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTEE AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN INGRAM  
14120 HARBERS FERRY STREET  
DAVIE, FLORIDA 33325

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JOHN INGRAM  
14120 HARPER'S FERRY STREET  
DAVIE, FLORIDA 33325

- PRESIDENT
- VICE PRESIDENT
- SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15<sup>th</sup> day of AUGUST, 19 95.

John Ingram  
Signature

John Ingram  
Signature

John Ingram  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED

95 AUG 21 AM 9:08

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:

BIOMEDICAL LEASING CORPORATION

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

JOHN INGRAM

(NAME)

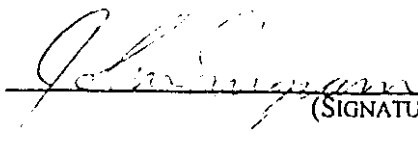
14120 HARVEY FERRY STREET

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

DAVE, FLORIDA 33325

(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.*

  
(SIGNATURE)

08/15/95  
(DATE)