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TRANSMITTAL LETTER

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

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SUBJECT: DEPENDABLE MEDICAL EQUIPMENT, INC.
(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: DEPENDABLE MEDICAL EQUIPMENT, INC.
Name (printed or typed)

921 SE 7 PLACE
Address

HIALEAH, FL 33010
City, State & Zip

(305) 798-0199
Daytime Telephone number

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

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FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 SEP 16 AM 10:50

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:

DEPENDABLE MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

*921 S.E. 7 PLACE
HALEAH, FL 33010*

ARTICLE III SHARES

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

*ONE THOUSAND (1,000) SHARES OF COMMON STOCK
ONE (\$1.00) PAR VALUE*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*AMPARO MATO
921 S.E. 7 PLACE
HALEAH, FL 33010*

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):

AMPARO MATO
331 EAST DRIVE
MIAMI SPRINGS, FL 33166

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

1 day of SEPTEMBER, 19 95



Sufiyyah Sultana
Signature

Signature

Signature

Signature

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

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

96 SEP 14 AM 10:50

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: DEPENDABLE MEDICAL EQUIPMENT, INC.

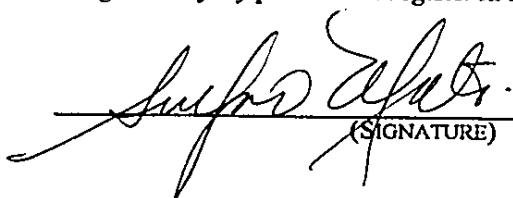
2. The name and address of the registered agent and office is:

AMPARO MATO
(NAME)

921 SE 7 PLACE
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

HIALEAH, FL 33010
(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)

SEPT. 7, 1995
(DATE)