

17 28 5211
S 1:0
H980000000041
O: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMP
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ALL WOUND MEDICAL EQUIPMENT & SUPPLY, INC.
FAX AUDIT NUMBER: H98000000041
DATE REQUESTED: 01/02/1996
CERTIFIED COPIES: 1
NUMBER OF PAGES: 6
ESTIMATED CHARGE: \$122.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 11:07:17
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072450003255

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.

((H980000000041))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM Connect: 00:12:41

FILED
95 JAN -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2/96

SECTION OF DIVISION

96 JAN -2 PM 1:12

RECEIVED

6

CERTIFICATE OF INCORPORATION

OF

ALL WOUND MEDICAL EQUIPMENT & SUPPLY, INC.

STATE OF FLORIDA)

COUNTY OF BROWARD)

95 JUL-2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We, the undersigned Incorporators, each a natural person over the age of eighteen (18) years, hereby associate themselves for the purpose of forming a corporation under the laws of the State of Florida, as a corporation for profit.

ARTICLE I

The name of the Corporation shall be:

ALL WOUND MEDICAL EQUIPMENT & SUPPLY, INC.

ARTICLE II

This corporation is organized for the purpose of engaging in supplying medical equipment. The Corporation is authorized to conduct any lawful business in the State of Florida which is not prohibited by any law, rule, or regulation.

ARTICLE III

The capital stock of this corporation is authorized to be as follows: 7,500 shares of voting common stock at \$ 1.00 par value per share.

Prepared by : Ray C. Scuttillo
Scuttillo & Blake CPA PA
8000 North University Drive
Fort Lauderdale, Florida 33321
(305) 721- 3222

H96000000041

H96000000096H

ARTICLE IV

The amount of the capital with which this organization will begin business shall not be less than \$100.00, which amount shall be subscribed for and paid for before said corporation shall transact any business; and all or part of the capital stock of this corporation may be payable or issued for the purpose of property, good will, labor or services at a just evaluation thereof to be fixed by the Board Of Directors of this corporation at their first meeting called for that purpose.

ARTICLE V

The term for which this corporation shall exist shall be from January 1, 1996 to perpetuity.

ARTICLE VI

The mailing address of this corporation is:

4641 North Dixie Highway

Boca Raton, Florida 33431

The registered agent of this corporation is:

Barry C. Scuttillo

H96000000041

H960000000041

ARTICLE VII

The number of directors of this corporation shall be not less than one nor more than thirty (30).

ARTICLE VIII

The names and post office addresses of the first officers and Board of Directors of this corporation, who are subject to the Board of Directors of this corporation, the By-Laws of this corporation and the Laws of the State of Florida, shall hold office for the first year of this corporations existence, or until their successors are elected and have been qualified, are:

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Carol Piegari	President	4641 N Dixie Highway Boca Raton, FL 33431
Angelina Pegues	Secretary/ Treasurer	4641 N Dixie Highway Boca Raton, FL 33431
Donald Pegues	Vice President	4641 N Dixie Highway Boca Raton, FL 33431

ARTICLE IX

In furtherance and not in limitation of the powers conferred by Statute, The Board of Directors is expressly authorized:

To make, alter and amend the By-Laws of the Corporation.

WE, THE UNDERSIGNED, being each of the subscribers to

H96000000041

H96000000041

H960000000411

the capital stock herein before named, for the purpose of forming a corporation to do business, both within and without the State of Florida, do make and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do, respectively, agree to take the number of shares of stock hereinbefore, set forth, and accordingly, have hereunto set our hands and seals this 29th day of December, 1995.

Barry C. Scuttillo

Registered Agent and Subscriber

Barry C. Scuttillo

H9600000000411

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE**

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 designation, the registered office and registered agent in the State of Florida.

1. The name of the corporation is ALL WOUND MEDICAL EQUIPMENT & SUPPLY, INC.
2. The name and address of the registered agent is:

Barry C. Scuttillo
8000 North University Drive
Ft. Lauderdale, FL 33321

x Barry C. Scuttillo

Having been named as registered agent I hereby accept the appointment of registered agent 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 my obligations of my position of registered agent.

x Barry C. Scuttillo

FILED
 96 JUN -2 PM 3:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D:\CLIENTS\ARTICLES\ALLWOUND

140000000041

140000000096H

P96000000319

Scutillo & Blake

A Professional Association of
Certified Public Accountants and Consultants
8000 North University Drive
Fort Lauderdale, Florida 33321-2118

City/State/Zip

PHONE #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 200002078102--5
-02/05/97--01037--005
*****35.00 *****35.00
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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 FEB -5 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/11
Jody
Vol.
Diss.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: _____

All Wound Medical Equipment & Supply, Inc

SECOND: The articles of incorporation were filed on: 1/2/96

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 31 day of December, 19 96

Signature (X)

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

DONALD L. PEGUES

(Typed or printed name)

V. Pres.

(Title)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 FEB -5 PM 2:24

RECEIVED