From JOHN R. COUNCIL 14026 5th STREET P.O. BOX 991 DADE CITY, FLORIDA 33526 ATTORNEY AT LAW So December 27, 1995 State of Florida- Division of Corporations BUDJECT P.O. Box 6327 Tallahassee, FL 32314 Safety Medical Message 2000011674667 -01/02/96--01031--007 ****122.50 ****122.50 Dear Sir/Madam: Please find enclosed our check along with Articles for filing on the above referenced corporation. Please forward the filed articles to our office at your earliest convenience. Very truly yours, For John R. Goungil

FOR REORDER CALL CUSTOM PRINTING (904) 821-7048

ARTICLES OF INCORPORATION

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SAFETY MEDICAL MANUFACTURING, INC.

ARTICLE I. CORPORATE NAME

The name of this corporation is: SAFETY MEDICAL MANUFACTURING, INC.

The principal place of business of this Corporation shall be:

6344 West C.R. 476 Bushnell, FL 33513

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 1,000,000.00 shares of common stock (Having a par value of .001 per share).

ARTICLE IV. TERM OF EXISTENCE

This Corporation shall have perpetual existence upon filing of these articles.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

John R. Council 14028 5th Street Dade City, FL 33525 Mailing Address: P.O. Box 991 Dade City, FL 33526

Acceptance by Registered Agent:

I hereby am familar with and accept the duties and responsibilities as registered agent for said corporation; and the registered agent signature.

JOHN R. COUNCIL

The board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. BOARD OF DIRECTORS

The corporation shall have one director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII. INITIAL DIRECTORS

The names and street addresses of the initial director of this Corporation are:

Davis Chaffee 6344 West C.R. 476 Bushnell, FL 33513

The person named as initial director shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII. INCORPORATORS

The names and street addresses of the persons signing these Articles of Incorporation as the Incorporators are:

John R. Council 14028 5th Street Dade City, FL 33525

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator, have executed the foregoing Articles of Incorporation December 27th, 1995

JOHN R. COUNCIL

STATE OF FLORIDA COUNTY OF PASCO

(seal)

MY COMMISSION & CO SAASM ECTRES
December 19, 1006
December 19, 1006
December 19, 1006



Notary Public My commission expires:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR DEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM JUMOUNT DUE TO REINSTATE: \$378.) APPROVED PROFIT PLOGIDA DEPARTMENT OF STATE AND CORPORATION Sandra D. Mortham ATINUAL REPORT Secretary of State 1996 965EP 27 PH 12: 01 **DIVISION OF CORPORATIONS** DOCUMENT # P96000001289 SECRETARY OF STATE TALLAHASSEE, FLORIDA SAFETY MEDICAL MANUFACTURING, INC. Principal Place of Business Mailing Address 6344 WEST C.R. 476 POST OFFICE BOX 991 REINSTATEMENT 9600 BUSHNELL FL 30513 DADE CITY FL 33528 3. Date Incorporated or Qualified 12/29/1995 2. Principal Place of Business 2a, Maring Address 4. FEI Number 21 Applied For 26 <u> 59-3385</u>974 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Cartificate of Status Desired \$8.75 Additional 27 Foo Regulred City & State City & State 6. Election Compaign Financing \$5.00 May Bo 23 Trust Fund Contribution Zφ Added to Fees Country Zφ Country This corporation has liability for intangible tax under s. 190,032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COUNCIL, JOHN R 81 2.*A120d* SUE COUR 14028 5TH STREET Street Address (P.O. Box Number is Not Acceptable DADE CITY FL 33525 OPE City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lumiliar with and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (PrOTC, Progistered Agent signature required when ministring) 12. OFFICERS AND DIR 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE. 966) OCLETE President (P) Vincent A. 11006 CHAFFEE, DAVIS Change Addition NAME Runfola 12 KAME 6344 WEST C.R. 478 STREET ADDRESS 44 Spring CR2E034 Hollow Blud 1.3 STREET ADDRESS **BUSHNELL FL 33513** CITY-ST-74 32712 14 CITY - ST - 21P TIFLE DELETE 21 TIFLE Change Addition NUUF 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-S1-73P 2 4 City - St - ZIP TITLE DELETE 31 TIME 80000197**4618**U-M NUNE 32 HAME -10/15/96--01163--015 STREET ADDRESS 33 STREET ADORESS ****408.75 ****408.75 CITY-51-7/P 34. CITY-ST-ZIP TITLE _ DELETE 4.1 TITLE Change Addition NALIF 4 2 HALLE STREET ADDRESS 43 STREET ADORESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Change ____ Addition HALLS 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-51-71P 54 CITY-ST-ZIP TITLE DELETE 6 I TITLE Change Addition HAVE 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the examption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the came legal effect as if made under each, that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 407-880-9709