

P9600005466

1/17/96

FLORIDA DIVISION OF CORPORATIONS
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((H96000000834))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

311-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000000834))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: DOLPHIN MEDICAL SUPPLY, INC.

FAX AUDIT NUMBER: H96000000834

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/17/1996

TIME REQUESTED: 13:49:48

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

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((H96000000834))

** ENTER 'M' FOR MENU. **

1/17/96

FLORIDA DIVISION OF CORPORATIONS
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1:50 PM

[Handwritten signature]
1/18

FILED
95 JAN 17 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
95 JAN 17 PM 4:00
DIVISION OF CORPORATIONS

H96000000834

ARTICLES OF INCORPORATION

OF

DOLPHIN MEDICAL SUPPLY, INC.

FILED
95 JUN 17 PM 4:53
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: DOLPHIN MEDICAL SUPPLY, INC.

The principal place of business of this corporation shall be: 2159 N.E. 122nd St.
Miami, FL 33181

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 No par value

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):

President: Betty Sue Harring

2159 N.E. 122nd St.
Miami, FL 33181

Prepared by: Betty Sue Harring
2159 N.E. 122nd St.
Miami, FL 33181

(305) 891-3524

H96000000834

H96000000834

ARTICLE VI INCORPORATOR(S)

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

Betty Sue Harring

2159 N.E. 122nd St.
Miami, FL 33181

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 17 day of January, 1986.

Signature(s) of Incorporator(s)

Betty Harring

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**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: Dolphin Medical Supply, Inc.

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

Betty Sue Harring
(P.O. BOX NOT ACCEPTABLE)

2159 N.E. 122nd St. Miami, Fl 33181

(CITY/STATE/ZIP)

SIGNATURE

Betty Harring
(corporate officer)

TITLE

President

DATE

1/17/96

95 JAN 17 PM 4:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

HAVING BEEN NAME AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE ADDRESS 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

Betty Harring

DATE

1/17/96

REGISTERED AGENT FILING FEE:

H96000000834

P96000005466

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. DOLPHIN MEDICAL SUPPLY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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

N. HENDRICKS JAN 21 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 10, 1997

LAZARUS

MIAMI, FL

SUBJECT: DOLPHIN MEDICAL SUPPLY, INC.
Ref. Number: P96000005466

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

The document must include original signatures.

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) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 697A00001509



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 14, 1997

LAZARUS

MIAMI, FL

SUBJECT: DOLPHIN MEDICAL SUPPLY, INC.
Ref. Number: P96000005466

We have received your document for DOLPHIN MEDICAL SUPPLY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the registered agent is changing, the person signing must be designated as agent in the amendment.

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) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 197A00001866

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

DOLPHIN MEDICAL SUPPLY, INC.

(present name)

FILED
97 JAN 17 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE V: DIRECTOR

The new Director of this Corporation shall be read as follow:

SEE PAGE ATTACH...

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: JANUARY 7, 1997

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

(continued)

ARTICLE IV REGISTERED AGENT
THE NEW REGISTERED AGENT IS:
FRANCISCA HERNANDEZ
5250 S.W. 112 AVE.
MIAMI, FL. 33165

article v; The new director of this corporation shall be
read as follow;

FRANCISCA HERNANDEZ (PRESIDENT)
5250 S.W. 112 AVE.
MIAMI, FL. 33165

Signed this 7 day of January, 1997.

By

Betty Harring
(Chairman or Vice Chairman of the Board of Directors, President or
other officer if adopted by the shareholders)
OR
(A director or incorporator if adopted by the directors or incorporators)

Betty Sue Harring

(Typed or printed name)

President - INCORPORATOR

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE

Francisco Hernandez

DATE

January 7, 1997