

FEB- 7-96 11:42 PM R&R ACCOUNTING & TAX SERV FAX NO. 3055414015 P.

2/07/96
11:45 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
((H96000001808))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
INC.

FROM: TAMiami MEDICAL EQUIPMENT,

DEPARTMENT OF STATE

11980 S.W. 8 STREET, SUITE

10

STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

MIAMI FL 33184-

CONTACT: ROLANDO TRUJILLO

FAX: (904) 922-4000

PHONE: (305) 541-0790

FAX: (305) 541-4015

((H96000001808)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

OR P.A.

NAME: TAMiami MEDICAL EQUIPMENT, INC.

FAX AUDIT NUMBER: H96000001808

CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/07/1996

TIME REQUESTED: 11:24:33

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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96 FEB -7 PM 1:35

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ARTICLES OF INCORPORATION
OF

FILED
96 FEB -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAMIAMI MEDICAL EQUIPMENT, INC.

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: TAMIAMI MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

11980 S.W. 8 Street, Suite 10
Miami, FL 33184

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antonio Alvarez
11980 S.W. 8 Street, Suite 10
Miami, FL 33184

Prepared by: Antonio Alvarez
11980 SW 8 St #10
Miami, FL 33184
(305) 551-5856

H96000001808

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ARTICLE V INCORPORATION

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

Antonio Alvarez, PRESIDENT
11980 S.W. 8 Street, Suite 10
Miami, FL 33184

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

2 day of February, 19 96.



Signature PRESIDENT

Signature

Signature

H96000001808

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: TAMIAMI MEDICAL EQUIPMENT, INC.

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

Antonio Alvarez

(Name)

11980 S.W. 8 Street, Suite 10

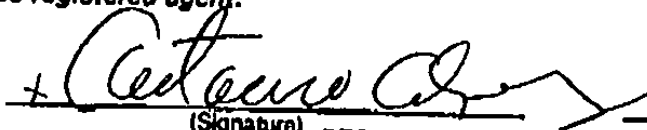
(P.O. Box not acceptable)

Miami, FL 33184

(City/State/Zip)

FILED
96 FEB - 7 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

REGISTERED AGENT

2-2-96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

H96000001808

P9600011878

Miami, Florida
April 30, 1996

Florida Department of State
Department of Corporations
Tallahassee, Florida

Gentlemen:

This is to change the address of the following CORPORATION:

TAMIAMI MEDICAL EQUIPMENT, INC.
DOCUMENT NO. P96000011878.

OLD ADDRESS: 11980 S.W. 8 Street, Suite 10
Miami, Fla. 33184

NEW ADDRESS: 780 N.W. Lejeune Rd. Suite #520
Miami, Florida 33126

Yours truly,


PRESIDENT

ADDRESS
CHG
#1 #

KRB
5/2

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-0639417**
OMB No. 1545-0003
Expires 12-31-00

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) TAMIAMI MEDICAL EQUIPMENT, INC.									
	2 Trade name of business, if different from name in line 1 N/A		3 Executor, trustee, "care of" name N/A							
	4a Mailing address (street address) (room, apt., or suite no.)		5a Business address, if different from address in lines 4a and 4b 11980 S.W. 8 St. Suite 10							
	4b City, state, and ZIP code		5b City, state, and ZIP code Miami, FL 33184							
	6 County and state where principal business is located Dade, FL									
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ ANTONIO ALVAREZ (SSN: 071-64-3888)									
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Other (specify) ▶									
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ FL State Foreign country										
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶										
10 Date business started or acquired (Mo., day, year) (See instructions.) 2-7-96										
11 Enter closing month of accounting year. (See instructions.) December										
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ NA										
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ <table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>					Nonagricultural	Agricultural	Household	0	0	0
Nonagricultural	Agricultural	Household								
0	0	0								
14 Principal activity (See instructions.) ▶ Medical Equipment Co.										
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶										
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> N/A										
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.										
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. <table border="1"><tr><td>Legal name ▶</td><td>Trade name ▶</td></tr></table>					Legal name ▶	Trade name ▶				
Legal name ▶	Trade name ▶									
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. <table border="1"><tr><td>Approximate date when filed (Mo., day, year)</td><td>City and state where filed</td><td>Previous EIN</td></tr></table>					Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN			
Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN								
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) <table border="1"><tr><td>Name and title (Please type or print clearly.) ▶ Antonio Alvarez, PRESIDENT</td><td>305-551-5856</td></tr></table>					Name and title (Please type or print clearly.) ▶ Antonio Alvarez, PRESIDENT	305-551-5856				
Name and title (Please type or print clearly.) ▶ Antonio Alvarez, PRESIDENT	305-551-5856									
Signature ▶ <i>Antonio Alvarez</i> Date ▶ 2-2-96										
Note: Do not write below this line. For official use only.										
<table border="1"><tr><td>Please leave blank ▶</td><td>Geo.</td><td>Ind.</td><td>Class</td><td>Size</td><td>Reason for applying</td></tr></table>					Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying					