

FEB- 7-96 WED 1 12 PM R&R ACCOUNTING & TAX SEV FAX NO. 3055414015 P.

2/07/96
11:25 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS FROM: TAMiami MEDICAL EQUIPMENT, INC.

DEPARTMENT OF STATE 11980 S.W. 8 STREET, SUITE 10

STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

MIAMI FL 33184-
CONTACT: ROLANDO TRUJILLO
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
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER:

071324000655

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.

((H96000001808))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

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

FLORIDA DIVISION OF CORPORATIONS

96 FEB -7 PM 1: 35

RECEIVED

H96000001808

ARTICLES OF INCORPORATION

OF

TAMIAMI MEDICAL EQUIPMENT, INC.

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

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

H96000001808

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.

Antonio Alvarez
Signature PRESIDENT

Signature

Signature

H96000001808

H96000001808

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

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. P9600011878.

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

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

ADDRESS
CHG
FEE #

Yours truly,


PRESIDENT

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

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.)
4b City, state, and ZIP code

5a Business address, if different from address in lines 4a and 4b
11980 S.W. 8 St. Suite 10

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"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input checked="" type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	<input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶ _____		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State	Foreign country
FL	

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." ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **Medical Equipment Co.**

15 Is the principal business activity manufacturing? Yes 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. Business (wholesale) Public (retail) Other (specify) ▶ _____ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes 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.

Legal name ▶ _____ Trade name ▶ _____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

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)

Name and title (Please type or print clearly.) ▶ **Antonio Alvarez, PRESIDENT** **305-551-5856**

Signature ▶  Date ▶ **2-2-96**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying