

A Professional Association of Attorneys

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22.50

February 5, 1996

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Sub-Chapter S Corp

Dear Sirs:

RE:

Enclosed please find the formal original Articles of Incorporation for the above referenced company and a check in the amount of \$122.50 for filing fees and certification of same Kindly file and return a certified copy of same in the self addressed stamped envelope provided and the self addressed stamped envelope provided addressed addressed addressed stamped envelope provided addressed addressed

Thank you for your prompt attention to this matter.

Incorporation of MEDI-QUIP TRANSFER ALLIANCE, INC.

Sincerely,

_.KATZMAN)& KORR, P.A.

Ferren L. Korr, Esq. Managing Partner

Enclosure laufilestorpinedl-guip

ARTICLES OF INCORPORATION/SUB-CHAPTER S

OF

MEDI - QUIP TRANSFER ALLIANCE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Harida Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME OF CORPORATION

The name of the Sub Chapter-S Corporation shall be

MEDI - QUIP TRANSFER ALLIANCE, INC.

The principal place of business of this business shall be

15970 West State Road 84, Suite # 140, Fort Lauderdale, Florida 33326.

The general purpose for which this Corporation is organized is to engage in any lawful activity or to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. The specific nature of business of the Corporation will be the retail, wholesale and/or re-sale of new or previously owned saleable medical equipment.

ARTICLE II CAPITAL STOCK

The authorized capital stock of this corporation shall be Two Hundred (200) shares of common stock at \$1.00 par value. The common stock shall be payable in eash, property or services at a just valuation to be fixed by the Board of Directors, if one so exists at a regular or a special meeting called for this purpose. No capital stock may be issued to anyone other than an individual who is duly licensed or otherwise legally authorized to render the same specific professional services as those for which the corporation was incorporated. No shareholder shall enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of his stock.

No shareholder of this corporation may sell or transfer his shares in such corporation except to another individual who is eligible to be a shareholder of such corporation.

ARTICLE III

TERM OF EXISTENCE

The sub-chapter s corporation is to exist perpetually.

ARTICLEIV

OFFICERS AND DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold

office the first year of the corporation's existence or until their successors are elected are:

SCOTT PRAVDA - PRESIDENT

SCOTT PRAVDA - VICE PRESIDENT

SCOTT PRAVDA - SECRETARY

SCOTT PRAVDA - TREASURER

Scott Pravda President, Vice President, Secretary, and Treasurer 767 Verona Lake Drive Fort Lauderdale, Florida 33326

ARTICLE VI

INCORPORATORS

The name and address of the incorporator is:

Scott Pravda President, Vice President, Secretary, and Treasurer 767 Verona Lake Drive Fort Lauderdale, Florida 33326

IN WITNESS WHEREOF,	the undersigned incorporator	has executed	these Articles	o
Incorporation this 5 th	day of	, 1996,		

STATE OF FLORIDA) COUNTY OF BROWARD)

I HEREBY CERTIFY on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared **Scott Pravda**, to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and who acknowledged that he executed the foregoing Articles of Incorporation for the purposes set forth therein.

Witness my hand and official seal in the County and State named above this 5^{1h} day of $\underline{F \in B}$, 1996.

My Commission Expires:



FERREN L KORR My Commission CC360352 Expires Mar, 30, 1998 Bonded by HAI 800-422-1555

FERREN L. KORR, ESQ.

Notary Public, State of Florida

CERTIFICATE DESIGNATING 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 sub-chapter S corporation is:

MEDI - QUIP TRANSFER ALLIANCE, INC.

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

FERREN L. KORR, ESQ. Katzman & Korr, P.A. 1100 South State Road Seven Suite # 102 Margate, Florida 33068

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE 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.

FERREN L. KORR, ESQ., Registered Agent