

P96000014620
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
FEB 13 10 52 AM '96
TALLAHASSEE, FL 32314

SUBJECT: OXIHEALTH SERVICES INC
(Proposed corporate name - must include suffix)

300001714133
-02/13/96--01136--001
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: AMAR C. SIKAND
Name (printed or typed)

1741 NW 104TH AVE
Address

PLANTATION, FL 33322
City, State & Zip

305 452 2078
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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:

OXIHEALTH SERVICES INC
1741 NW 104TH Ave.
Plantation, FL 33322

ARTICLE II PRINCIPAL OFFICE

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

1741 NW 104TH AVE
PLANTATION, FL 33322

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TWO (2)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMAR C. SIKAND
1741 NW 104TH AVE
PLANTATION, FL 33322

ARTICLE V INCORPORATOR(S)

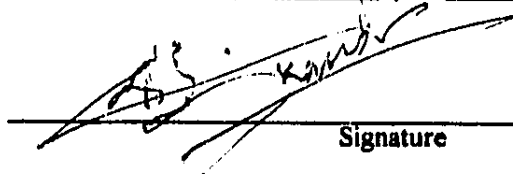
See instructions for officers/directors

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

AMAR C. SIKAND
1741 NW 104TH AVE
PLANTATION, FL 33322

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

29TH day of JANUARY, 1996.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: OXIHEALTH SERVICES INC

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

PAMELA SIKAND

(NAME)

1741 NW 104TH AVE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PLANTATION, FL 33322

(CITY/STATE/ZIP)

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.

Pamela Sikand

(SIGNATURE)

1/29/96

(DATE)

MAY-20-1996 15101 FROM MCI CUS SYS DEV&BIL TO 9919044876013 P.01

P96000014620

Attn: Mr. Sheldon Brian

From: Oxihhealth Services Inc.

Our principal office address is as under:

Oxihhealth Services Inc

1777 S Andrews Ave

Ste 200

Ft. Lauderdale, FL 33316

Sheldon Brian
President

Excessive Telephone Line Noise - Disconnection From Transmittal
05-20-90 03:00PM P001 #43

Changed Principal
Office 5/20/96
SAB