

P96009019665

Requestor's Name

OMAR GOMEZ  
1861 N. Federal Highway, Suite 223  
Hollywood, Florida 33020

Office Use Only

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

400001729784  
-03/01/96--01083--016  
+++122.50 +++122.50

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAR 1 1996  
3-4-96

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input 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

3-4-96

TB

Examiner's Initials	
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**ARTICLE OF INCORPORATION**

**OF**

**AIDE MEDICAL EQUIPMENT, INC.**

SECRET  
TALLAHASSEE, FLORIDA  
MAR-1 PM 3:02  
1951

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: AIDE MEDICAL EQUIPMENT, INC.

The principal place of business of this corporation shall be:

1861 N. Federal Highway, Suite 223

Hollywood, Florida 33020

**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 x \$10.00 = \$1,000.00

**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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

OMAR GOMEZ President, Secretary & Treasurer

1861 N. Federal Highway, Suite 223

Hollywood, Florida 33020

**ARTICLE VI INCORPORATOR(S)**

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

Omar Gomez President, Secretary & Treasurer

1861 N. Federal Highway, Suite 223

Hollywood, Florida 33020

The undersigned has(have) executed these Articles of Incorporation this 28 day of February, 1996.

*Omar Gomez* President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of sections 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.

APR 20 2002  
STATE OF FLORIDA  
SECRETARY OF STATE

1. The name of the corporation is: \_\_\_\_\_  
AIDE MEDICAL EQUIPMENT, INC.

2. The name and address of the registered agent and office is OMAR GOMEZ  
(Name)

1861 N. Federal Highway, Suite 223  
(P.O. BOX NOT ACCEPTABLE)

Hollywood, Florida 33020  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE *Chad. B. ...* President

DATE 2/28/06