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FLORIDA DIVISION OF CORPORATIONS

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FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: SILVER LAKES MEDICAL SUPPLY, INC.

FAX AUDIT NUMBER: H96000004099

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/21/1996

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**ARTICLE OF INCORPORATION
OF**

SILVER LAKES MEDICAL SUPPLY, INC .

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: Silver Lakes Medical Supply, Inc.

The principal place of business of this corporation shall be:

17023 Pines Blvd. Bay # 27
Pembroke Pines, Fl. 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 State, 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.

Prepared by: Basic Accounting Service
692 West 29th St., Suite 9
Hialeah, FL 33012
(305)887-4185

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(n) if any, who shall hold office the first year of the corporation's existence or until their successor(n) is (are) elected, is(are):

ROSA Hernandez
17026 NW. 66 Ct.
Miami, Fl. 33015

Director

ARTICLE VI INCORPORATOR(S)

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

Roma Hernandez
17026 NW. 66 Ct.
Miami, Fl. 33015

President, Secretary & Treasurer
100 shares

The undersigned has(have) executed these Article of Incorporation this 15 th day of March, 1996.

Signature/Title

Signature/Title

Signature/Title

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**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.

1. The name of the corporation is: _____
Silver Lakes Medical Supply, Inc.
2. The name and address of the registered agent and office is _____
Rosa Hernandez
(Name)
17026 NW. 66 Ct.
(P. O. BOX NOT ACCEPTABLE)
Miami, Fl. 33015
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 X [Signature]

DATE 3-15-96