1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-9171 904-222-0393 TAX

800-342-8086



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ACCOUNT NO. : 072100000032 REFERENCE : 900810 9294A AUTHORIZATION : Odicio yith COST LIMIT : 70.00	ONE dam may soo you that the sin per year con you been top and one and
ORDER DATE : March 29, 1996	
ORDER TIME : 2:08 PM	
ORDER NO. : 900810	0000001763610
CUSTOMER NOx 9294A	
CUSTOMER: Brent G. Wolmer, Esq JONAS & WOLMER, P.A.	7. T. S. S. T. S. S. S. T. S.
Suite 870 3300 Pga Boulevard Palm Beach Gard, FL 33410	R23 III
DOMESTIC FILING	II: 20 FLORIDA
NAME: ALTERNATIVE MEDICAL SUPPLIES, INC.	RECEIVED , 96 MAR 29 PN 4: 11 division of corporation
EFFECTIVE DATE:	CEIV R 29 PM OF CORP
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	YED PM 4: 11 DRPORATI
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	10x
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	. //
CONTACT PERSON: JENNIFER MORAN	. Ame 4/2/96

FILED

96 HAR 29 AH 11: 20

ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

ALTERNATIVE MEDICAL SUPPLIES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

ALTERNATIVE MEDICAL SUPPLIES, INC.

The address of the principal office of this corporation shall be 15780 Cedar Grove Lane, Wellington, Florida 33414, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in 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 maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 2,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Andrew Glickman Dir./Pres./Sec.

15780 Cedar Grove Lane Wellington, Florida 33414

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company, on March 29, 1996.

CORPORATION SERVICE COMPANY

Its Agent, Karen B. Rozhr

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Florida corporation to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

Its Agent, Karen B. Rozar

LEL/jlm

Cameron & Davis, P.A.

ONE CLEARLAND CENTRE, BUITE 1801
880 AUSTRALIAN AVENUE BOUTH
WEST PALM BEACH, FLORIDA 33401

GLENN B. CAMERON RICHARD T. DAVIB ORLANDO GONZALEZ

TELEPHONE (BGI) GBQ-BBBB FACBIMILE (BGI) GBQ-DGII JAMEB A. MORTON, JR.
DIRECTOR OF
HARKETING AND DEVELOPMENT

P96000028488

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 700002316487--7 -10/03/97--01038--013 *****35.00 *****35.00

Re: Alternative Medical Supplies, Inc.

Dear Sir/Madam:

Enclosed please find a Statement Of Change Of Registered Agent for the above referenced corporation along with a check in the amount of \$35.00 which represents the filing fee.

If any additional information is needed, please contact me at your earliest convenience.

Very truly yours,

Robard Baris

Richard T. Davis

RTD: jmd Enclosure RA. Change 10-13-97 CC

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: Alternative Medical Supplies. Inc.	
2. The mailing address of the corporation is: 11924 Forest Hill Bouley	vard, Suite 22-113.
Wellington, Florida 33414	
Date of incorporation/qualification:	umber: <u>196000028488</u>
Corporation Service Company	
1201 Hays Street	=======================================
Tallahassee, Florida 32301	9.10
5. The name and address of the new registered agent and office: (P.O. Box No.	
Richard T. Davis, Esq.	PH DAFE
250 Australian Avenue South, Suite 1601	"
West Palm Beach, FL 33401	
The street address of its registered office and the street address of the business agent, as changed, will be identical.	office of its registered
Such change was authorized by resolution duly adopted by its board of directo authorized by the board.	rs or by an officer so
(Signature of an officer, chairman or vice chairman of the board) (Date)	 , ,
(====	
Trent Rogers - President/CEO (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the I hereby accept the appointment as registered agent and agree to act in this can comply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligation of my position as registered and I am familiar with and accept the obligation of my position as registered as	ne above stated corporation, spacity. I further agree to verformance of my duties, agent.
Ruhant Davis	•
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Cap	acity)
CR2E045(1/95)	FILING FEE: \$35.00