

P96000035175
TRANSMITTAL LETTER

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

100001787481
-04/19/96--01070--011
*****78.75 *****78.75

SUBJECT: U.S. MEDICAL WHOLESALERS, INC.
(Proposed corporate name - must include suffix)

1000017874
-04/19/96--01070--0
*****78.75 *****7

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: BONNIE E. SHAW
Name (printed or typed)

908 N.W. 108th AVENUE
Address

PLANTATION, FLORIDA 33324
City, State & Zip

(954) 423-2342
Daytime Telephone number

RECEIVED
96 APR 19 PM 1:29
STATE OF FLORIDA
TALLAHASSEE

BSB

APR 23 1996

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

86 APR 19 PM 1:29
TALLAHASSEE, FLORIDA

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:

U.S. MEDICAL WHOLESALERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

908 N.W. 108th AVENUE
PLANTATION, FLORIDA 33324

ARTICLE III SHARES

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

1,000,000 (1 MILLION) COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BONNIE E. SHAW
908 N.W. 108th AVENUE
PLANTATION, FLORIDA 33324

FILING FEE: \$70.00

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):

BONNIE E. SHAW
908 N.W. 108th AVENUE
PLANTATION, FLORIDA 33324

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

14th day of APRIL, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: U.S. MEDICAL WHOLESALERS, INC.

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

BONNIE E. SHAW
(NAME)

908 N.W. 108th AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PLANTATION, FLORIDA 33324
(CITY/STATE/ZIP)

FILED
96 APR 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Bonnie E. Shaw
(SIGNATURE)

4-14-96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314