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MIANI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOGAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known): 1. C. C. M. D. C. C. C. C. D. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. C. C. C. D. D. S. D. Y. C. C. R. D. S. D.		PORATE INDUSTRIES, INC. equestor's Name	
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Examiner's Initials



The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE ! NAME

The name of the corporation shall be:

C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

ARTICLE II PRINCIPAL OFFICE

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

7235 CORAL WAY, SUITE 208, MIAMI, FLORIDA 33155

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sonia Noemi Lopez 7235 Coral Way Suite 208 Miami, Florida 33155

ARTICLE V INCORPORATOR(S)

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

Sonia Noomi Lobez 7235 Coral Way Suite 208 Miami, Florida 33155

Fornando Lopez 7235 Cornl Way Suite 208 Miami, Florida 33155

ARTICLE VI DIRECTOR(S)

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

Sonia Noemi Lopez - President
Fernando Lopez - Vice President
Sonia Noemi Lopez - Secretary
Fernando Lopez - Treasurer
7235 CORAL WAY
Suite 208
Miami, Florida 33/55

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

2 9 th	day ofA	pril	, 19 <u>96</u> .	_
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		<u> Ar</u>		
		Fernando Lop	ez	
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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: C C P MEDICAL EQUIPMENT AND S	Y.199UE	CORP.
2.	The name and address of the registered agont and office is:		
	SONIA NOEMI LOPEZ	-	
	(NAME)		1
	7235 Coral Way, Sulte 208		
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		7.5
	Miami, Florida 33155		<u> </u>
	(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.

SIGNATURE Sonia Noema Lopez

DATE April 28, 1996

P96000038432

9-17-97

H. FERRAZ

REQUESTOS E. 4 AVE.

AFTIGIOCH FL 33010

CITY SIGN FL 37010

888. 8141A

CORPORATION(S) NAME

10000229661--7 -09/19/97--01005--026 *****35.00 *****35.00

CCF Med	ital Equipmen	and Supply Corp.
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CR2E031 (R8-85)

Acknowledgment



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 18, 1997

EMPIRE

MIAMI, FL

SUBJECT: C C P MEDICAL EQUIPMENT AND SUPPLY CORP. Ref. Number: P96000038432

We have received your document for C C P MEDICAL EQUIPMENT AND SUPPLY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French Corporate Specialist

Letter Number: 097A00046425



ARTICLE OF DISSOLUTION

OF

C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

SECRETARY OF STATE TALLAHASSEE FLORIDA

Pursuant to 607.1:01, Florida statutes, this Florida profit corporation submits the following article of dissolution:

FIRST

The name of the corporation is: C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

SECOND

The article of the corporation were filed on : MAY 3, 1996

THIRD

The corporation has not commenced business.

POURTH

No debt of the corporation remains unpaid

PIPTH

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if share were issued.

BIXTH

A majority of the incorporators authorized the dissolution.

Signed this 17 day of September, 1997

SONIA N. LOPEZ// Incorporator/Pesident

Sword and subscribe before me this 17 day of September, 1997 in the County of Dade State if Florida.

Notary Fublic State of Florida

My Commission Expire.