TRANSMITTAL LETTER

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SECRETAL CHARLETALLAHASSEE, FLORIDA

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

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	•	name - must include sc		
nclosed is an origina or : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a chec
FROM:	JEANNE C	. SANTO (printed or typed)		•
	1843 Bay	ou Grande Blvd Address	N.E.	
		rsburg, Florida ty, State & Zip	33703	
	813-898-	7411 Telephone number		

SUBJECT: GULF AUTOMATED MEDICAL SYSTEMS, INC.

NOTE: Please provide the original and <u>one copy</u> of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business VE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GULF AUTOMATED MEDICAL SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1843 Bayou Grande Blvd N.E. St. Petersburg, Florida 33703

ARTICLE III **SHARES**

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jeanne C. Santo 1843 Bayou Grande Blvd N.E. St. Petersburg, Florida 33703

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):

JEANNE C. SANTO 1843 Bayou Grando Blvd N.E. St. Petersburg, Florida 33703

Robert A. Henrichs 1843 Bayou Grande Blvd N.E. St. Petersburg, Florida 33703

Theresa J. Santo 6601 13th Street N. St. Petersburg, Florida 33702

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

25 day of April , 1996 .

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

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 corp	poration is:	GULF AUTOMATI	C MEDICAL	SYSTEMS,	INC.
2. The name and addre	ess of the regist	ered agent and office is	s:	721	96 H
_	SANTO (Name)			到 15	
		Grande Blvd N. or Mail Drop Box <u>NOT</u> A		· 1	H 8 32
	St. Peters	burg, Florida 3 (CITY/STATE/ZIP)	3703	<u></u>	•

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) 4-25-96 (DATE)