

P96000044863
(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

800001831828
-05/21/95--01049--008
***122.50 ***122.50

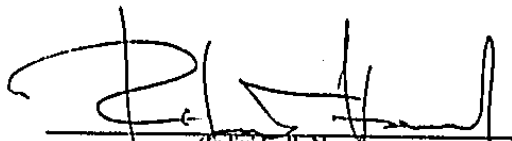
Re: UNITED-CARE MEDICAL EQUIPMENT CORP., Inc.
(Name of Corporation)

Gentlemen:

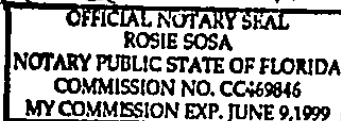
Enclosed please find the original and one copy of the Articles of Incorporation, together with a check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Registered Agent Designation for the above named corporation.

Very truly yours.


(Individual's Name)

UNITED-CARE MEDICAL EQUIPMENT CORP.,
(Name of Corporation)



MAILING ADDRESS OF CORPORATION

4445 W. 16 Ave. Suite 600

Hialeah FL 33012

PHONE

(305) 824-8989

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

UNITED-CARE MEDICAL EQUIPMENT CORP., INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

UNITED-CARE MEDICAL EQUIPMENT CORP., INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 10.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| | | | |
|----------------------------------|----------------|-------------|------------------|
| STREET ADDRESS | | | |
| <u>4445 W. 16 Ave. Suite 600</u> | | | |
| CITY | <u>Hialeah</u> | FLORIDA FL. | ZIP <u>33012</u> |

Mailing address, if different

| | | | |
|----------------------------------|----------------|-------------|------------------|
| STREET ADDRESS | | | |
| <u>4445 W. 16 Ave. Suite 600</u> | | | |
| CITY | <u>Hialeah</u> | FLORIDA FL. | ZIP <u>33012</u> |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| | | | |
|--|----------------|-------------|------------------|
| NAME | | | |
| <u>ROBERTO HERNANDEZ</u> | | | |
| ADDRESS <u>4445 W. 16 Ave. Suite 600</u> | | | |
| CITY | <u>Hialeah</u> | FLORIDA FL. | ZIP <u>33012</u> |

FILED
JUN 20 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

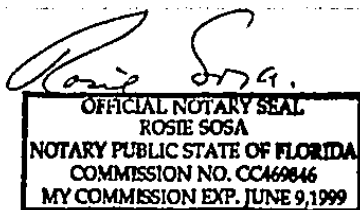
| | | |
|--|-----------------|------------------|
| NAME <u>ROBERTO HERNANDEZ (PRESIDENT-50% of SHARES)</u> | | |
| ADDRESS <u>4445 W. 16 Ave. Suite 600</u> | | |
| CITY <u>Hialeah</u> | STATE <u>FL</u> | ZIP <u>33012</u> |
| NAME <u>BARBARA PEREZ (VICE PRESIDENT-50% of SHARES)</u> | | |
| ADDRESS <u>4445 W. 16 Ave. Suite 600</u> | | |
| CITY <u>Hialeah</u> | STATE <u>FL</u> | ZIP <u>33012</u> |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | |
|--|-----------------|------------------|
| NAME <u>ROBERTO HERNANDEZ (PRESIDENT-50% of SHARES)</u> | | |
| ADDRESS <u>4445 W. 16 Ave. Suite 600</u> | | |
| CITY <u>Hialeah</u> | STATE <u>FL</u> | ZIP <u>33012</u> |
| NAME <u>BARBARA PEREZ (VICE PRESIDENT-50% of SHARES)</u> | | |
| ADDRESS <u>4445 W. 16 Ave. Suite 600</u> | | |
| CITY <u>Hialeah</u> | STATE <u>FL</u> | ZIP <u>33012</u> |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

The undersigned incorporator(s) have executed these Articles of Incorporation this 16th day of MAY, 19 96.



[Signature]
Barbara Perez

(Signature)
 PRESIDENT

(Signature)
 VICE-PRESIDENT

(Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

UNITED-CARE MEDICAL EQUIPMENT CORP. INC.
(name of corporation)

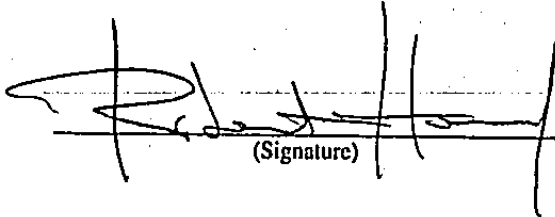
FILED
96 MAY 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

at 4445 W. 16 Ave. Suite 600
Hialeah Fl. 33012

has named UNITED-CARE MEDICAL EQUIPMENT CORP. INC. Roberto Hernandez
located at the aforesaid address, as its registered agent to accept service of process within this
state.

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 regis-
tered 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)

MAY 16th, 1996
(Date)