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5/31/96 FLORIDA DIVISION OF CORPORATIONS
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(PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATION FROM: A PLUS MEDICAL EQUIPMENT, INC.

DEPARTMENT OF STATE 7105 S.W. 8 STREET, SUITE 205
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33144-3302-0000
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
FAX: (904) 922-4000 PHONE: (305) 541-0790
FAX: (305) 541-4015

(((H96000007683))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: A PLUS MEDICAL EQUIPMENT, INC.
FAX AUDIT NUMBER: H96000007683 CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/31/1996 TIME REQUESTED: 14:34:30
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $78.75 ACCOUNT NUMBER: 071324000655

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ARTICLES OF INCORPORATION

OF

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TALLAHASSEE, FLORIDA

A PLUS MEDICAL EQUIPMENT, INC.

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: A PLUS MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

7105 S.W. 8 Street, Suite 205
Miami, FL 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock, $1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lourdes Manuela De La Fe
7105 S.W. 8 Street, Suite 205
Miami, FL 33144

Prepared by: Lourdes M. De La Fe
7105 S.W. 8 St #205
Miami, FL 33144
Tel: (305) 448-6195

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ARTICLE V INCORPORATOR(S)

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

Lourdes Manuela De La Fe, PRESIDENT
7105 S.W. 8 Street, Suite 205
Miami, FL 33144

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

29 day of May, 19 96.

L. Lourdes M. de la Fé.
Signature PRESIDENT

Signature

Signature

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: A PLUS MEDICAL EQUIPMENT, INC.

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

Lourdes Manuela De La Fe
(Name)

7105 S.W. 8 Street, Suite 205
(P.O. Box not acceptable)

Miami, FL 33144
(City/State/Zip)

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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.

Lourdes M. de la Fe
(Signature) REGISTERED AGENT

May 29, 1996

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

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