

1201 HAYS STREET
TALLAHASSEE, FL 32301-2600
(904) 224-0191
(904) 224-0191

800-342-0086

P96000064826



PRIORITY MAIL
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 039185 146486A

AUTHORIZATION :

COST LIMIT : \$ 70.00

Patricia Pyjunt

ORDER DATE : July 31, 1996

ORDER TIME : 9:38 AM

ORDER NO. : 039185

CUSTOMER NO: 146486A

4000001911964

CUSTOMER: Paul Larrow, Cpa
PAUL LARROW, CPA

403 S.e. 32nd Street

Cape Coral, FL 33904-4134

DOMESTIC FILING

NAME: HI TECH MEDICAL SERVICE
CENTER, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

JP 8/2/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG -2 PM 3:13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG -2 PM 3:13

ARTICLES OF INCORPORATION

OF

HI TECH MEDICAL SERVICE CENTER, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

HI TECH MEDICAL SERVICE CENTER, INC.

The address of the principal office of this corporation shall be 4117 Country Club Boulevard, Cape Coral, Florida 33904-5234 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,500 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 4117 Country Club Boulevard, Cape Coral, Florida 33904-5234, and the name of the initial registered agent of the corporation at that address is Kimra E. Broome.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have onw Director, initially. The names and addresses of the initial members of the Board of Directors are:

Kimra E. Broome
Dir.

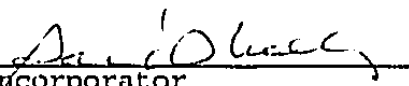
4117 Country Club Boulevard
Cape Coral, Florida 33904-5234

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on August 2, 1996.



Incorporator
Its Agent, Gail Shelby

DBC/das

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF INCORPORATION

Kimra Broome, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

HI TECH MEDICAL SERVICE CENTER, INC.

Kimra Broome is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By:

Kim E. Broome

Typed Name: Kimra Broome

P96000064826

Kimra Broome
Requestor's Name
4117 Country Club Blvd.
Address
Cape Coral, FL 33904
City/State/Zip Phone #

800002140368--0

-04/11/97--01064--005

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment <u>NC</u>
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

**FILED
97 APR 11 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

HI TECH MEDICAL SERVICE CENTER, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The following article of incorporation is amended as follows:

Article 1 NAME

The name of the corporation shall be:

CNY SERVICE SUPPLY, INC.

The address of the principal office of the corporation shall be 4117 Country Club Boulevard, Cape Coral, Florida 33904 and the mailing address of the corporation shall be the same.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: March 15, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1st day of April, 1997

Signature X Kimra E. Broome Kimra E. Broome

President
(By the Chairman or Vice Chairman of the Board of Directors, President or other officers if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Typed or printed name

Title

P96000064826

Kimra Broome
Requestor's Name
4117 Country Club Blvd
Address
Cape Coral, FL 33904
City/State/Zip Phone #

800002140368--0

-04/11/97--01064--005

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
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<input type="checkbox"/>	NonProfit
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- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1st day of April, 1997

Signature X Kimra E. Broome Kimra E. Broome

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) President

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Typed or printed name

Title