

P96000069427

1201 HAYS STREET

FAIRFAX ASSOCIATES, INC. 1210 2007

1-222-2007

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PROMERIT, INC. LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 054616 9792A

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 70.00

ORDER DATE : August 15, 1996

ORDER TIME : 10:24 AM

ORDER NO. : 054616

CUSTOMER NO: 9792A

000001228324

CUSTOMER: James E. Kelly, Esq
HERSCH & KELLY
12249 U.S. Highway 301
Dade City, FL 33525

DOMESTIC FILING

NAME: ~~DIVERSIFIED MEDICAL EQUIPMENT,~~
~~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: Clint Fuhrman

EXAMINER'S INITIALS:

502-672
W96-17196

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 15 AM 10:01

RECEIVED
96 AUG 15 PM 1:08
DIVISION OF CORPORATIONS

RECEIVED
96 AUG 20 PM 3:13
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 15 AM 10:01

August 16, 1996

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: DIVERSIFIED MEDICAL EQUIPMENT, INC.
Ref. Number: W96000017196

We have received your document for DIVERSIFIED MEDICAL EQUIPMENT, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 096A00039087

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 15 AM 10:01

ARTICLES OF INCORPORATION
OF

DIVERSIFIED MEDICAL EQUIPMENT AND SERVICES, INC.

The undersigned incorporator(s), for the purposes 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:

DIVERSIFIED MEDICAL EQUIPMENT AND SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

8910 Angler's Pointe Drive
Temple Terrace, Florida 33637

ARTICLE III SHARES

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

Ninety-nine (99)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Chandler Kelly
8910 Angler's Pointe Drive
Temple Terrace, Florida 33637

ARTICLE V INCORPORATOR(S)

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

Richard Chandler Kelly
8910 Angler's Pointe Drive
Temple Terrace, Florida 33637

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 10th day of August, 1996.

Richard Chandler Kelly
Richard Chandler Kelly

96 AUG 15 AM 10:01

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 corporation is: DIVERSIFIED MEDICAL EQUIPMENT AND SERVICES, INC.
2. The name and address of the registered agent and office is:
Richard Chandler Kelly
8910 Angler's Pointe Drive
Temple Terrace, Florida 33637

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: Richard Chandler Kelly
Richard Chandler Kelly

Date: August 10, 1996