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TO: DIVISION OF CORPORATIONS
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FROM: BUSINESS WORLD TRANSACTIONS, INC.
104512000707

ACCT# :

CONTACT: GEORGE G PICARDIE
PHONE: (305) 867-0448
(305) 861-4414

FAX #:

NAME: V.R.C.M. MEDICAL EQUIPMENT, CORP.

AUDIT NUMBER.....H96000012914

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES 3

CERT. COPIES 0

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ARTICLES OF INCORPORATION

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: **V.R.C.M. MEDICAL EQUIPMENT, CORP.**

ARTICLE II PRINCIPAL OFFICE

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

2411 S.W. 24 St.
Miami, Fl. 33145

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Manuel A. Casanova
2411 S.W. 24 St.
Miami, Fl. 33145

Prepared by:

Manuel A. Casanova
2411 S.W. 24 St.
Miami, Fl. 33145

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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):

Manuel A. Gennovd
2411 S.W. 24 St.
Miami, Fl. 33145

Director & President.

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

13 day of September, 19 96.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**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: V.R.C.M. MEDICAL EQUIPMENT, CORP.

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

Manuel A. Casanova

(NAME)

2411 S.W. 24 St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33145

(CITY/STATE/Zip)

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)

9-13-96

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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