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FROM: DEPENDABLE CARE MEDICAL EQUIPMENT & SUPPLIES ACCT#:
071324000655
CONTACT: ROLANDO TRUJILLO
PHONE: (305)541-0790
(305)541-4015 FAX #:

NAME: DEPENDABLE CARE MEDICAL EQUIPMENT & SUPPLIES
AUDIT NUMBER.....H96000013366
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..1 PAGES..... 3
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ARTICLES OF INCORPORATION

OF

DEPENDABLE CARE MEDICAL EQUIPMENT & SUPPLIES, 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:

DEPENDABLE CARE MEDICAL EQUIPMENT & SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2495 West 80 Street, Bay 1
Hialeah, FL 33016

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:

ALEJANDRO L CASTILLO JR.
2495 West 80 Street, Bay 1
Hialeah, FL 33016

Prepared By: Alejandro L Castillo Jr.
2495 W. 80 St. Bay 1
Hialeah, FL 33016
Tel: (305) 826-1185

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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):

ALEJANDRO L CASTILLO JR, PRESIDENT
2495 West 80 Street, Bay 1
Hialeah, FL 33016

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

20 day of SEPTEMBER, 19 96.

x Alejandro L. Castillo
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: DEPENDABLE CARE MEDICAL EQUIPMENT & SUPPLIES, INC.

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

ALEJANDRO L CASTILLO JR
(Name)

2495 West 80 Street, Bay 1
(P.O. Box not acceptable)

Hialeah, FL 33016
(City/State/Zip)

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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.

x Alejandro L. Castillo
(Signature) REGISTERED AGENT

September 20, 1996

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

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