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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.
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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, 1996.

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 [illegible]7.0501 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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