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Theresa Wible
1097 Wynnedale Rd.
West Palm Beach FL

33417

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****122.50 ****122.50

Office Use Only

CO... NUMBER(S) (if known):

1. U Caring Medical Supply, Inc (560 683-0874)
(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 State

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

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input 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

FILED
96 DEC 16 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 27 1996 BSB
~~W96-25659~~
W96-25935

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 27, 1996

MICHAEL PARKOFF
3412 S. MILITARY TRAIL
LAKE WORTH, FL 33463

SUBJECT: A CARING MEDICAL SUPPLY, INC
Ref. Number: W96000025059

We have received your document for A CARING MEDICAL SUPPLY, INC and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 896A00053767



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 9, 1996

MICHAEL PARKOFF (2ND MAILING)
1097 WYNNEDALE ROAD
WEST PALM BEACH, FL 33417

SUBJECT: A CARING MEDICAL SUPPLY, INC
Ref. Number: W96000025059

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Brenda Baker
Corporate Specialist

Letter Number: 896A00053767

December 9, 1996

Division of Incorporation
State of Florida
409 E. Gaines Street
Tallahassee, FL 32399

Dear Ms. Baker;

As per our telephone conversation, I am refiling the articles of incorporation for "A Caring Medical Supply Company Inc.", As my 1st request for "A Caring Medical Supply Inc." was rejected as being already on file.

As I explained to you, I did check the name first before I sent in the original application, but; I was told the name was opened. I now find out that the information that I first received was incorrect, so I am refiling with an addition of the word Company to the original request.

I understand that you will process this application as soon as possible and send it out, as this has caused me quite a delay.

Thank you so much for your consideration and cooperation in this matter. I appreciate your help.

Sincerely,



Theresa Marie Wible

amw/tmw

ARTICLE OF INCORPORATION
OF

FILED

96 DEC 16 AM 10:52

The undersigned subscriber(s) to these Articles of Incorporation hereby form(s) a corporation under the Florida General Corporation Act.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME OF THE CORPORATION

The name of the corporation shall be A Caring Medical Supply Center, Inc.

ARTICLE II - ADDRESS

The principal mailing office of the corporation shall be 1097 WYNNE DALE ROAD W.P.B FL
33417

ARTICLE III - GENERAL PURPOSE

This corporation shall be authorized to engage in the transaction of any or all lawful business for which corporations may be incorporated under the Florida General Corporation Act

ARTICLE IV - CAPITAL STOCK

The corporation shall be authorized to issue 10,000 shares of common voting stock each of which shares shall have a par value of one dollar (US \$1.00).

ARTICLE V - REGISTERED AGENT

The initial registered agent of the corporation shall be THERESA MARIE WIDIE
whose registered office is located at:

1097 WYNNE DALE ROAD
W.P.B FL 33417

ARTICLE VI - SUBSCRIBERS

The subscribers of this corporation and their addresses are as follows:

THERESA MARIE WIDIE
1097 WYNNE DALE ROAD
W.P.B FL 33417

ARTICLE VII - DIRECTORS

The initial board of directors shall consist of the following individuals:

THERESA MARIE WIDIE
Ann Marie Widie

ARTICLE VIII - DATE OF EXISTENCE

The date when the corporate existence for this corporation shall begin shall be the date of the filing of these articles of incorporation.

ARTICLE IX - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in and hereby reserved to the share holders. Bylaws shall be apoted, amended or repealed as provided therein

In witness whereof, the undersigned executed these Articles of Incorporation this

12 - 9. 1996.

By:

Shirley M. Markel

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

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Pursuant to the provisions of SS 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: A. Caring Medical Supply Center, Inc.
- 2 The name and address of the registered agent and office is:

THERESA MARIE WIBLE
1097 WINDLEDALE ROAD
W.P.B.

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.

This 9th day OF DECEMBER, 19 96

Theresa Marie Wible
Signature of Registered Agent