797000064909

Charter Number Only

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N L Y 97 JUL 28 AMII: 47

Requestor's Name

City

CR2E031 (R8-85)

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CORPORATION(S) NAME

Rentals. Inc.	astal L	Jedical Equipment	
			
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) Foreign () Dissolution	() Mark	
) Limited Partnership () Reinstatement () Annual Report) Reservation	() Other () Change of Registered Agen	t
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ARTICLES OF INCORPORATION

of

27 JU 20 MILLION

Southern Coastal Medical Equipment Rentals, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

500002248615--6

The name of the corporation is:

-07/28/97--01010--027 ****122.50 ****122.50

Southern Coastal Medical Equipment Rentals, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV- CAPITAL STOCK

The corporation is authorized to issue <u>one Hundred</u> shares (100) of <u>Ten</u>

Dollar(s) (\$ 10.00 ____) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME -	Harvey Tucker		
ADDRESS_	2881 E. Oakland Park	_Blvd#100	
CITY	Ft. Lauderdale	FLORIDA	ZIP3 3306

The principal office, if known, or the mailing address of the corporation is:

NAME	Southern Coastal Medical Equipment Rentals, Inc.		
ADDRESS	2881 E. Oakland Park Blvd, #100		
CITY	Ft. Lauderdale FLORIDA	ZIP	33306

ARTICLE VI - INIT	TIAL BOARD OF DIRECTORS	
This corporation shall have (0/) increased or diminished from time to time by the By-La of the initial director(s) of the corporation are as follow	IWS. Dul shall never be less than one (1). Th	irectors may be either e names and addresses
NAME Harvey Tucker		
ADDRESS 6342 Firest Hills MIV.	0 8 291	
CITY West Palm Buch	TATE OF THE	7 7 .
NAME	STATE / 1.714 C	ZIP 3]YIT
ADDRESS		
CITY	STATE	
NAME	SIALL	ZIP
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing the NAME Mack Blancher	nese Address of incorporation are as follow	5:
ADDRESS 2881 EONKland Park	NI A	
l .		
NAME	STATE P-lond	ZIP 3 330 G
ADDRESS		
CITY	STATE	
NAME	JIMIE	ZIP
ADDRESS		
стту	STATE	ZIP
		241
IN WITNESS WHEREOF, the undersigned subscriber (day of $\frac{1}{\sqrt{2}}$, 19 72	s) have executed these Articles of Incorpore	ation this 2 y
	XMe	(Scal)
		(Scal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



Southern COASTAL MEDICal Equipment
(name of corporation) Rentals, Inc

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named Harvey Tycker'-

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)