

P 97000070699

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Clinical Equipment Care, Inc.  
(Proposed corporate name - must include suffix)

600002267406--7  
-08/14/97--01110--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gary W. Laws  
Name (Printed or typed)

5449 N.W. 45 WAY  
Address

Coconut Creek, FL 33073  
City, State & Zip

(954) 427-8312  
Daytime Telephone number

FILED  
97 AUG 14 PM 4:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

TM 8/14/97

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

*Clinical Equipment Care, INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*5449 N.W. 45 WAY  
COCONUT CREEK, FL 33073*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*2250*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*Gary Laws  
5449 NW 45 WAY  
COCONUT CREEK, FL 33073*

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*Gary W. Laws  
5449 NW 45 WAY  
COCONUT CREEK, FL 33073*

*Gary W Laws*  
\_\_\_\_\_  
Signature/Incorporator

*8/12/97*  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

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.

*Gary W Laws*  
\_\_\_\_\_  
Signature/Registered Agent

*8/12/97*  
\_\_\_\_\_  
Date

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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