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FLORIDA DIVISION OF CORPORATIONS  
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((H97000016752 2))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

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NAME: R.C. MEDICAL SUPPLIES, INC.  
AUDIT NUMBER.....H97000016752  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

97 OCT -8 PH 2:42

**FOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**R.C. MEDICAL SUPPLIES, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act do hereby adopt the following articles of incorporation:

**ARTICLE ONE**

The name of the corporation is **R.C. MEDICAL SUPPLIES, INC.**

**ARTICLE TWO**

The duration of the corporation shall be perpetual.

**ARTICLE THREE**

The purpose of the corporation is to engage in any and all lawful business permitted pursuant to the laws of Florida.

**ARTICLE FOUR**

The aggregate number of shares which the corporation is authorized to issue is 100 shares. Such shares shall be of a single class and shall have a par value of \$1.00 per share.


*Prepared by:*  
**All Accounting Services, Inc.**  
4250 E. 4th Avenue  
Hialeah, FL 33013  
(305) 822 - 4231

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**ARTICLE FIVE**

**The corporation's principal office address and the registered office address are the same. The address is:**

**R.C. MEDICAL SUPPLIES, INC.  
325 EAST 43 STREET  
HIALEAH, FL 33013**



**ROBERTO CORRIPIO**

**ARTICLE SIX**

**The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:**

**ROBERTO CORRIPIO  
325 EAST 43 STREET  
HIALEAH, FL 33013**



**ROBERTO CORRIPIO**

**ARTICLE SEVEN**

**The name and address of the incorporator is:**

**ROBERTO CORRIPIO  
325 EAST 43 STREET  
HIALEAH, FL 33013**



**ROBERTO CORRIPIO**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF DADE

The foregoing instrument was acknowledged before me on  
the 8TH day of OCTOBER, 1997, by ROBERTO CORRIPIO. My  
Commission Expires:

  
\_\_\_\_\_  
Notary Public, State of Florida



**CONSENT OF REGISTERED AGENT**

The undersigned, having been named and designated as  
Resident Agent for the corporation R.C. MEDICAL SUPPLIES, INC. at the  
incorporation, accepts the designation.

  
\_\_\_\_\_  
ROBERTO CORRIPIO

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