FILED

DATE October 21, 1997 97 OCT 27 AM 9 07

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Re: GOLDEN YEARS D	CIABETIC SERVICES , Inc.
Gentlemen:	600002329966
Enclosed please find the original and one copy of check in the amount of \$122.50.	the Articles of Incorporation, together with my
This represents the cost of the Filing Fees, Certifice Registered Agent Designation for the above name	ed Copy of Articles of Incorporation and Fee for ed corporation.
Very	truly yours.
	SHARON C, WESTON
	(Name of Corporation)  GOLDEN YEARS DIABETIC SERVICES, INC.
	MAILING ADDRESS OF CORPORATION —
্ব	10451 Stonebridge Blvd.
. В. Нал ОСТ 5 В 1997.	Boca Raton, Florida 33498
e Ham	PHONE —
	( 561 ) 483-2944

Area Code

Number

#### ARTICLES OF INCORPORATION

FILED GOLDEN YEARS DIABETIC SERVICES, INC. 97 OCT 27 AH 9 07 (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Ass appet(s) TALLAHASSEE, FLORIDA the following articles of incorporation for such corporation:

#### ARTICLE I - CORPORATE NAME

The name of the corporation is: GOLDEN YEARS DIABETIC SERVICES, 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 1,000 shares of common stock, par value \$ 1,000 ----- per share.

### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

CITY	Boca Raton,	FLORIDA	ZIP	33498
Mailing	address, if different			
STREET ADD	DRESS			
	10451 Stonebridge E	Blvd.		
CITY	Boca Raton	FLORIDA	ZIP	33498

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Sharon C. Weston		
ADDRESS	10451 Stonebridge	Blvd.	
CITY	Boca Raton	FLORIDA	ZIP 33498

CITY

NAME.	Share	n C. V	eston					
ADDRESS	10451	Stone	bridge B	lvd.			AND THE	
CITY.	Boca	Raton			STATE Flor	ida	ZIP 334	98
NAME		and an element	Stringer Till			- 1 <b>3</b> 5 - 31		ANE A
ADDRESS	v)		tal group to					
CITY					STATE	Par M	ZIP	
NAME							¥.	
ADDRESS					. K.C.,			
CITY					STATE		ZIP	
ne names an	Sharo	n C. We	ncorporators	signing these	II - INCORPORATORS Articles of Incorporation	are as follo	ws:	
NAME ADDRESS	Sharo	n C. We	ncorporators	signing these	I - INCORPORATORS		ws: ZIP 334	198
NAME ADDRESS CITY	Sharo 10451	n C. We	ncorporators	signing these	I - INCORPORATORS Articles of Incorporation		20/	198
NAME ADDRESS CITY NAME	Sharo 10451	n C. We	ncorporators	signing these	I - INCORPORATORS Articles of Incorporation		20/	<b>198</b>
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NAME ADDRESS CITY NAME ADDRESS CITY	Sharo 10451	n C. We	ncorporators	signing these	I - INCORPORATORS Articles of Incorporation STATE Flori		ZIP 334	198
NAME	Sharo 10451	n C. We	ncorporators	signing these	I - INCORPORATORS Articles of Incorporation STATE Flori		ZIP 334	198

(Signature)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED 97 OCT 27 AM 9 07

SECRETARY OF STATE A TALLAHASSEE, FLORIDA

(	GOLDEN	YEARS	DIABETIC SE	RVICES, INC		
			(name	of corporation)	the second	

Pursuant to Florida Statutes Sections 48.091 and of The above corporation, organized under the laws				
as indicated in the Articles of Incorporation				100 100 11100
at 10451 Stonebridge Blvd.			,	_
Boca Raton, Florida 33498				_
has named Sharon C. Weston				- -
located at the aforesaid address, as its registered a	agent to a	ccept se	ervice of pr	ocess within this
state.	_			

Sharon C. Weston 10451 Stonebridge Blvd. Boca Raton, Florida 33498

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.

Sharno C. Weston

October 21, 1997

(Date)

(Date)