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CORPORATE EXTENSIONS, INC.

TEL (202) 332-4368 • (202) 33-AGENT

FAX (202) 639-0999

November 18, 1997

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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900002358739--8
-12/01/97--01050--013
*****70.00 *****70.00

Re: JMD MEDICAL & SURGICAL SUPPLIES CORP.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of JMD Medical & Surgical Supplies Corp. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,
CORPORATE EXTENSIONS, INC.

Edward Pietropaoli
Vice President

FILED
97 DEC -1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
JMD MEDICAL & SURGICAL SUPPLIES CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is JMD Medical & Surgical Supplies Corp.

ARTICLE II

The principal place of business and mailing address of this corporation shall be
PO Box 3454 , Union, NJ 07083.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000
shares of common stock with no par value.

ARTICLE IV

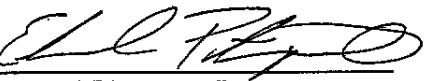
The address of the initial registered office of the Corporation is 2614 North 9th Street,
Suite 214, Naples, Florida 34103, and the name of the Corporation's initial registered agent
for service of process at such address is Himanshu Sharma.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
CORPORATE EXTENSIONS, INC., 720 Seventh Street, NW, Suite 304, Washington, DC
20001.

IN WITNESS WHEREOF, I have hereunto set my hand this 18th day of November,
1997.

CORPORATE EXTENSIONS, INC.
720 Seventh Street, NW, Suite 304
Washington, DC 20001

By 
Edward Pietropaoli
Vice President

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: JMD Medical & Surgical Supplies Corp.
2. The name of the registered agent and office is:

Himanshu Sharma
2614 North 9th Street, Suite 214, Naples, Florida 34103

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.

SIGNATURE _____



DATE _____

11/27/97

FILED
97 DEC -1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA