P97000107 225

December 18, 1997

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

000002378790--6 -12/22/97--01038--017 ****122.50 ****122.50

RE: West . Coast Medical Supplies, Inc.

Gentlemen :

Enclosed please find the original and one copy of the Ariticles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of North Incorporation and Fee for Registered Agent Designation for the above named work corporation.

Very Truly Yours.

John N Harley Jr.

West Coast Medical Supplies Inc.

P.O.Box 325 Lecanto, Florida 34460

352-746-7360

9N12-22-97

ARTICLES OF INCORPORATION

of

West Coast Me	dical Supplies Inc.	
- (nan	ne of corporation)	
The undersigned acting as the incorporators of a cor he following articles of incorporation for such corporation	poration under the Florida Busine on:	ess Corporation Act, adopt(s)
The name of the corporation is:	I - CORPORATE NAME	FILED EC 22 PM ETARY OF S HASSEE, FI
West Coast Me	dical Supplies Inc.	3. 28 LORIDA
ARTIC	CLE II - DURATION	
This corporation shall exist perpetually unless disso	lived according to Florida law.	
ARTIC	CLE III - PURPOSE	-
The corporation is organized for the purpose of eng United States and the State of Florida.	aging in any activities or business	permitted under the laws of the
The corporation is authorized to issue 500 s	E IV - CAPITAL STOCK shares of common stock, par value INITIAL PRINCIPAL OFFICE , if different, the mailing address i	
STREET ADDRESS		
4918 W Old Citrus Rd.		
CITYLecanto	FLORIDA	ZIP 34460 -
Mailing address, if different		
STREET ADDRESS		
P.O. Box 325		
CITY Lecanto	FLORIDA	ZIP 34460
ARTICLE VI - INITIAL	REGISTERED OFFICE AND A	AGENT
The street address of the initial registered office	e and the name of the initial re	gistered agent at the office is:
NAME John N Harley Jr.		
ADDRESS 4918 W Old Citrus Rd.	7 7 7	•
		<u> </u>

ARTICI F VII -	INITIAL BOARD	OF DIRECTORS
711111LLL Y11 *	1141117417101741417	UL DINECTURA

	sed or diminished from tin the initial director(s) of th				lever be less than on	e (1). The names and
NAME	John N Harley Jr.				-	
ADDRESS	P.O. Box 325	-	<u>-</u>			- = ±
CITY	Lecanto			STATE	Florida	ZIP 34460
NAME						
ADDRESS				-		-
CITY				STATE		ZIP
NAME						
ADDRESS				-		
CITY			- -	STATE		ZIP
	and addresses of the incorp		LE VIII - INC			ws:
	John N Harley Jr.					· · · · · · · · · · · · · · · · · · ·
ADDRESS	P.O.Box 325		··			:
CITY	Lecanto -		· .	STATE	Florida	ZIP 34460
NAME		·	-			
ADDRESS						
CITY				STATE		ZIP
NAME						
ADDRESS					-	
CITY				STATE		ZIP
The unders	igned incorporator(s) ha	ve executed		s of Incor	poration this	18th
					a. Herry	(Signature)
						(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

West Coast Medical Supplies Inc.	ECRETARY OF STATE	97 DEC 22 PN 3 28	FILED
(name of corporation)	>	တ	

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

at	4918 W Old Citrus Rd.			
	Lecanto, Florida	34461	<u></u>	<u> </u>
has named	John N Harley Jr.			
located at the at	foresaid address, as its regis	tered agen	t to accept serv	vice of process within this
state.			_	_

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) Dec. 1871 1897 (Date)