

S

9:56 AM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000021175 9))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: COMMERCIAL MEDICAL INC.

AUDIT NUMBER.....H97000021175

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM

Connect: 00:03:48

FILED
97 DEC 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. McKnight DEC 24 1997

H97000021175

(3)

ARTICLES OF INCORPORATION OF
COMMERCIAL MEDICAL INC.

I, the undersigned form a Florida corporation as follows:

1. NAME - The corporation's name is COMMERCIAL MEDICAL INC.
2. PURPOSE - The corporation's purpose is to engage in all business allowed under the laws of the State of Florida.
3. STOCK - The corporation will have 1,000 shares of a single class with a par value of \$0.10 per share.

4. INCORPORATOR - The incorporator of this corporation is:

KRISTINA JENNIFER BRODY
8740 NW 40 Street
Suite 104
Coral Springs, Fla. 33065

5. REGISTERED AGENT - The registered agent of this corporation is:

KRISTINA JENNIFER BRODY
8740 NW 40 Street
Suite 104
Coral Springs, Fla. 33065

6. DIRECTOR - The director of this Corporation and address is:

KRISTINA JENNIFER BRODY
8740 NW 40 Street
Suite 104
Coral Springs, Fla. 33065

7. PRINCIPAL PLACE OF BUSINESS - The principal place of business of the Corporation is:

8740 NW 40 Street
Suite 104
Coral Springs, Fla. 33065

MARGULIES & RONES
16105 N.E. 18th AVE.
N. MIAMI BCH., FL 33162
(305) 945-6522
FBN0. 245178
VICTOR K. RONES, ESQ.,

H97000021175

97 DEC 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H97000021175

I sign these Articles on Dec 20, 1997 to form this corporation and file these Articles of Incorporation with the Secretary of State, and certify that the facts set forth are true and accurate to the best of my knowledge, information and belief.

Kristina Brody
Incorporator

STATE OF FLORIDA

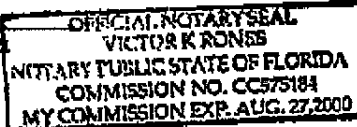
COUNTY OF Dade

SS.:

BEFORE ME, the undersigned authority, this day personally appeared, Kristina Brody, who after being by me duly sworn, deposes and says that he is the person described in and who executed the foregoing Articles of Incorporation, and duly acknowledged to me that he executed same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida, on 12/20, 1997.

[Signature]
Notary Public, State of Florida
My Commission Expires:



Printed Name of Notary: _____

I, KRISTINA JENNIFER BRODY, am named as Registered Agent in the Articles of Incorporation of COMMERCIAL MEDICAL INC. do and accept the designation as Registered Agent and agree to comply with all duties and with those requirements under Florida Law for serving in the position of Registered Agent of the corporation.

DATED at Miami, Dade County, Florida,
on Dec 20, 1997.

Kristina Brody

Prepared by:

KRISTINA JENNIFER BRODY
8740 NW 40 Street
Suite 104
Coral Springs, Fla. 33065

FILED
97 DEC 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H97000021175