

Charter Number Only

P98000046239

Requestor's Name

Address

City

State

ZIP

Phone

ON
ONLY

CORPORATION(S) NAME

600002525146--7
-05/15/98--01012--029
****122.50 ****122.50

~~On call Medical Supplies, Inc.~~

FILED

98 MAY 22 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

| | |
|----------------|--|
| Name | |
| Availability | |
| Document | |
| Examiner | |
| Updater | |
| Verifier | |
| Acknowledgment | |
| W.P. Verifier | |

5/15

cert. copy

W98-1111

Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 15, 1998

EMPIRE

TALLAHASSEE, FL

SUBJECT: ON CALL MEDICAL SUPPLIES, INC.
Ref. Number: W98000011111

We have received your document for ON CALL MEDICAL SUPPLIES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 598A00027211

RECEIVED
90 MAY 22 AM 9:35
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

SWIFT CARE MEDICAL SUPPLIES, INC.

FILED
98 MAY 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, CHRISTINA M. CARDOZO & VINCENT SANTANA hereby associate ourselves for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

ARTICLE I

The name of the corporation shall be: SWIFT CARE MEDICAL SUPPLIES, INC.

ARTICLE II

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE V

The principal place of business of said corporation shall be, 14210 NE 10TH AVE NO. MIAMI FL 33161 with the privilege of having branch offices at other places within or without the State of Florida.

ARTICLE VI

The resident agent designated to accept service of process for the corporation shall be

CHRISTINE CARDOZO
14210 NE 10 AVENUE
NO. MIAMI, FL 33161

ARTICLE VII

The number of Directors of this corporation shall be not less than 2 nor more than 2

ARTICLE VIII

The names and addresses of the first Board of Directors of this corporation who shall hold office for the first year or until their successors are chosen, shall be:

| <u>NAME</u> | <u>ADDRESS</u> |
|--|---|
| VINCENT SANTANA President | 910 WEST AVENUE MIAMI, FL 33139 |
| CHRISTINE CARDOZO Vice Pres. / Sec. | 14210 NE 10 AVENUE NO. MIAMI, FL 33161 |

ARTICLE IX

The names and post office addresses of the subscribers and the number of shares each agree to take are:

| <u>NAME</u> | <u>ADDRESS</u> | <u>NUMBER OF SHARES</u> |
|-------------------|---|-------------------------|
| VINCENT SANTANA | 910 WEST AVE MIAMI, FL 33139 | 50 |
| CHRISTINE CARDOZO | 14210 NE 10 AVENUE NO. MIAMI, FL 33161 | 50 |

ARTICLE X

REGISTERED AGENT OFFICE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First, that SWIFT CARE MEDICAL SUPPLIES, INC. desiring to organize or qualify under
the laws of the State of Florida, has named CHRISTINE CARDOZO located at 14210 NE 10 AVE
NO. MIAMI, FL 33161 State of Florida, as its agent to accept service of process within Florida.

Christine Cardozo
CHRISTINE CARDOZO, Subscriber

Christine Cardozo
Corporate Officer
CHRISTINE CARDOZO
Vice Pres / Secretary
Title

DATE 5-14-98

Having been named to accept service of process for the above stated corporation, at the
place designated in this certificate, I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all Statutes relative to the proper and complete performance of my
duties.

Christine Cardozo
Christine Cardozo, Registered Agent

Date: 5-14-98

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98 MAY 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA