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FLORIDA DIVISION OF CORPORATIONS

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NAME: HEALTHCARE EQUIPMENT, INC.

AUDIT NUMBER.....H98000010986

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

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 12, 1998

EMPIRE

SUBJECT: HEALTHCARE EQUIPMENT, INC.
REF: W98000013539

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FAX Aud. #: H98000010986
Letter Number: 998A00032962

**ARTICLES OF INCORPORATION
OF
HEALTHCARE EQUIPMENT, INC.**

H98000010986

I, the undersigned subscriber, who is a citizen of the United States, subscribe to these Articles of Incorporation, natural person competent to contract, hereby forms a corporation under the Laws of the State of Florida

**ARTICLE I.
NAME**

Healthcare Equipment, Inc.

**ARTICLE II.
MAILING ADDRESS**

The mailing address and the initial principal office of this corporation are :
55 WESTON ROAD #302 FT. LAUDERDALE, FL. 33326 Board of directors may from time to time, move the principal office to any other address in Florida.

**ARTICLE III.
CAPITAL STOCK**

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is: 1000 shares of \$.50 par value common stock.

**ARTICLE IV
REGISTERED AGENT**

The corporation's initial registered office shall be:
55 WESTON ROAD #302 FT. LAUDERDALE, FL. 33326 and the name of its initial registered agent shall be **GARY TEPPERMAN**.

PREPARED BY:
**GARY TEPPERMAN CPA
(954) 384-0244
55 WESTON RD. #302
FT. LAUDERDALE, FL 33326**

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HEALTHCARE EQUIPMENT Inc.

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ARTICLE V
INCORPORATOR

The name and street address of the subscriber of these Articles of Incorporation, the number of shares of stock which he agrees to take and the value of the consideration therefore are:

AARON L. GRIFFA 7301 Sunset Way #3
St. Pete Beach, FL. 33706

1000 shares at \$.50 per share

ARTICLE VI
DIRECTORS

1. This corporation shall have not less than one (1) director initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders.

2. The name and street address of the member of the first Board of Directors is:

AARON L. GRIFFA 7301 Sunset Way #3
St. Pete Beach, FL. 33706

3. TERM OF EXISTENCE.

This corporation is to exist perpetually.

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ARTICLE VII
PURPOSE

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**The general nature of the business to be transacted by this corporation will be to
buy, sell, service, repair and dental and medical equipment**

To manufacture, purchase, or otherwise acquire, and own, mortgage, pledge, sell, transfer, assign, or otherwise dispose of and to invest in, trade in, deal in and with goods, wares, merchandise, real and personal property and services of every class, kind and description except that it is not to conduct a deposit, trust insurance, surety, express, railroad, canal, telegraph, telephone, or cemetery company, a building and loan association, mutual fire insurance association, cooperatrive association, fraternal benefit society, state fair or exposition

To conduct business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchise, patents, copyrights, trademarks and licenses, in the state of Florida, and in all other states and countries.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness and execute such mortgages, transfers of corporate property, or other instruments to secure the payment of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidences of indebtedness created by any other corporation of the State of Florida or any other state of the government, and while owner of such stock, to exercise all the rights, powers and privileges of ownership, including the first to vote such stock

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ARTICLE VIII
AMENDMENT

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These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

In witness whereof, I, the incorporator above named, have hereunto set my hand and seal this

9 day of June, 1998

[Signature]
Witness

[Signature]
G-612 012 29 0260 Aaron L. Grifka

STATE OF FLORIDA

COUNTY OF PINELLAS

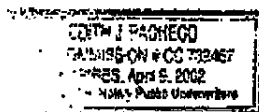
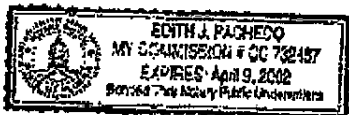
I HEREBY CERTIFY THAT ON THIS DAY, before me, a Notary Public duly authorized in the State and County named above to take acknowledgement, personally appeared; Aaron L. Grifka known to be the person described as subscriber in and who executed the forgoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state named above

this 9th day of June, 1998

[Signature]
Notary Public

4/9/2002
My commission expires



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: HEALTHCARE EQUIPMENT, INC.

2. The name and address of the registered agent and office is:

GARY TEPPERMAN (NAME)

55 WESTON RD. #302
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

FT. LAUDERDALE, FL. 33326
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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