P99000015357

TRANSMITTAL LETTER

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

000002777700--2

SUBJECT: Best Cost Medical Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $ 78.75.

FROM: George P. Boyer
Name

2735 Richard Rd., Suite F
Address

West Palm Beach, FL 33403
City, State & Zip

(561) 762-0684
Telephone Number

FILED
99 FEB -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

REGISTER FEB 17 1999

FILED
99 FEB -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Best Cost Medical Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Best Cost Medical Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

2735 Richard Rd., Suite E
West Palm Beach, FL 33403

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

shares of Common Stock each having a par value of one (1) dollar per share. Authorized Capital stock may be paid for in cash, services, or property, at a just value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

R. G. Guba
2828 Clark Rd.
Suite D
Sarasota, FL 34231

ARTICLE V INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

Name George P. Boyer
Address 2735 Richard Rd., Suite E
City State & Zip West Palm Beach, FL 33403

ARTICLE VI CAPITAL CONTRIBUTION

The amount of Capital with which this corporation shall begin business is one hundred dollars ($100.00) cash.

ARTICLE VII DURATION

This corporation shall exist perpetually.

ARTICLE VIII PURPOSE

This corporation is organized for the purpose of any and all lawful businesses for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IX INDEMNIFICATION

This corporation shall indemnify any officer or any former officer to the full extent permitted by law.

ARTICLE X AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in the Articles of Incorporation, and any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has(have) executed these Articles of Incorporation this 2nd day of February, 1999.

George P. Boyer, Pres., Sec.

Signature/Title

Signature/Title

K. Alexander, Vice Pres

Signature/Title

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: Best Cost Medical Inc

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

R. G. Guba
(NAME)

2828 Clark Rd., Suite D
(P.O. BOX NOT ACCEPTABLE)

Sarasota, FL 34231
(CITY/STATE/ZIP)

SIGNATURE Geo P Boyer
(Corporate officer)

TITLE President

DATE 2-2-99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 R G Guba

DATE 2-2-99

REGISTERED AGENT FILING FEE: $35.00

FILED
99 FEB -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUSTOMER'S RECEIPT

DO NOT SEND THIS RECEIPT FOR PAYMENT
KEEP IT FOR YOUR RECORDS

69556121188 990202 334041 **78*75

SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	U.S. DOLLARS AND CENTS

PAY TO Sec of State
Division of Corporations

CHECKWRITER

FROM West Coast Movers

ADDRESS

COD NO. OR USED FOR

This receipt is your guarantee for a refund of your money order if it is lost or stolen, provided you fill in the *Pay To* and *From* information on the money order in the space provided. No claim for improper payment permitted 2 years after payment. If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office.

An Inquiry Form 6401 may be filed at any time for a fee. A replacement will not be issued until 60 days after the money order purchase date, provided the money order has not been paid.

Proof of Payment