

P99000019774  
Elizabeth Skowronski and Henry J. Skowronski  
4348 Steed Terrace  
Winter Park, Florida 32792  
DATE 2-24-99  
99 MAR - 1 AM 8:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

500002790095--5  
-03/01/99--01052--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

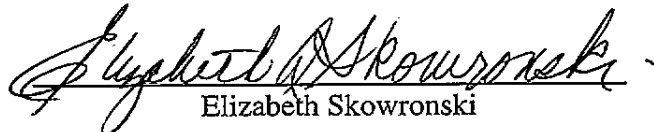
Re: Signature Medical Forms & Supply Co.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

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

Very truly yours,

  
Elizabeth Skowronski

Signature Medical Forms & Supply Co.

OK  
3-3-99  
4

ARTICLES OF INCORPORATION

of

SIGNATURE MEDICAL Forms & Supply Co.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SIGNATURE MEDICAL Forms & Supply Co.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 4 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
<u>2818 South ORANGE Ave.</u>		
CITY	FLORIDA	ZIP
<u>ORLANDO</u>		<u>32806</u>

Mailing address, if different

STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>ELIZABETH A. SKOWRONSKI</u>	
ADDRESS	<u>2818 South ORANGE Ave</u>	
CITY	FLORIDA	ZIP
<u>ORLANDO</u>		<u>32806</u>

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**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have Two ( ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

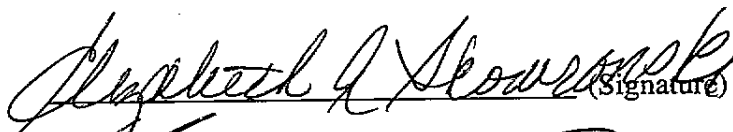
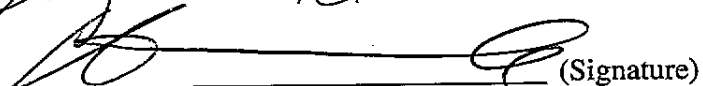
NAME	<u>ELIZABETH A. SKOWRONSKI</u>		
ADDRESS	<u>4348 Steed TERRACE</u>		
CITY	<u>WINTER PARK</u>	STATE	<u>FLORIDA</u> ZIP <u>32792</u>
NAME	<u>HENRY J. SKOWRONSKI</u>		
ADDRESS	<u>4348 Steed TERRACE</u>		
CITY	<u>WINTER PARK</u>	STATE	<u>FLORIDA</u> ZIP <u>32792</u>
NAME			
ADDRESS			
CITY	STATE	ZIP	

**ARTICLE VIII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>ELIZABETH A. SKOWRONSKI</u>		
ADDRESS	<u>4348 Steed TERRACE</u>		
CITY	<u>WINTER PARK</u>	STATE	<u>FLORIDA</u> ZIP <u>32792</u>
NAME	<u>HENRY J. SKOWRONSKI</u>		
ADDRESS	<u>4348 Steed TERRACE</u>		
CITY	<u>WINTER PARK</u>	STATE	<u>FLORIDA</u> ZIP <u>32792</u>
NAME			
ADDRESS			
CITY	STATE	ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 24th day of FEBRUARY, 19 99.

 (Signature)  
 (Signature)

\_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

**FILED**  
99 MAR - 1 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature Medical Forms & Supply Co.  
(name of corporation)

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 2818 S. ORANGE AVE  
ORLANDO, FL 32806

has named ELIZABETH SKOWRONSKI

located at the aforesaid address, as its registered agent to accept service 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.

Elizabeth Skowronski  
(Signature)

2-24-99  
(Date)