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

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	-		and desirable in the	, , , , , ,
SUBJECT:	Platinum Health (Proposed corpor	rate name - must include suf	pment, Inc.	
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Philip F. Mue	finted or typed)		·
	5616 Crain Address		P.F.	-9 PM
	••	State & Zip	OF STATE	H 3: 28
	847-583-19	422	7	•

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floria	a
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME EFFECTIVE	EDATE
The name of the corneration shall be:	77
Platinum Healthcare Eq	uipment, Inc.
ARTICLE II PRINCIPAL OFFICE	28 T
The principal place of business and mailing address of t	this corporation shall be:
Platinum Healthcare Equip. POBOX 211	
Morton Grave, 12 60053	
ARTICLE III SHARES The number of shares of stock that this corporation is an	uthorized to have outstanding at any one time is:
1000 Shares	
ARTICLE IV INITIAL REGISTERED AG	ENT AND STREET ADDRESS
The name and Florida street address of the initial register	ered agent are: Stone Sharidan
	Schafer, Mitchell + Sheridan
	200 E. Robinson, Suite700
ADTIGITE II INGODDODATOD	Schafer, Mitchell + Sheridan 200 E. Robinson, Suite700 Orlando, FL 32801
ARTICLE V INCORPORATOR The name and address of the incorporator to these Art	
	icies of mostpotation are.
Philip r. Niueller	
Philip F. Mueller 5616 Crain Morton Grove, 11 60053	··

F 2 9

(An additional article must be added if an effective date is requested.)

6-23-99

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

Tex Sheudan	<u> </u>			
Signature/Registered Agent	Date	Date		

ARTICLE VI EFFECTIVE DATE

THE EFFECTIVE DATE OF THIS ORGANIZATION
15 JULY 8, 1999.

99 JUL -9 PH 3: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA