

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PROFESSIONAL MEDICAL SUPPLIES  
(Corporation Name) (Document #)

2. ENTERPRISES INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in  Pick up time 2:00

Certified Copy

Mail out  Will wait  Photocopy

Certificate of Status

RECEIVED

99 OCT 28 AM 11:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

99 OCT 28 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

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99 OCT 28 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE 1 NAME**

**The name of the corporation shall be:**

**PROFESSIONAL MEDICAL SUPPLIES ENTERPRISES INC**

**ARTICLE 11 PRINCIPAL OFFICE**

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

**8415 SW 107 Avenue # 351W Miami Florida 33173**

**ARTICLE 111**

**The number of shares of stock that this corporation is authorized to have outstanding**

**At any one time is:**

**One hundred (100) Par value of \$1.00./stock**

**ARTICLE 1V**  
**INITIAL REGISTERED AGENT**

**The initial register agent is:**

**ALBERTO GONZALEZ**

**The initial register agent address is:**

**8415SW 107 AVE. # 351W Miami Fl. 33173**

## **ARTICLES OF INCORPORATION**

## ARTICLE V

**INCORPORATORS (S)**

**The name(s) and address (es) of the incorporator(s) to these articles of incorporation is (are):**

## ALBERTO GONZALEZ

**ARTICLE VI DIRECTOR (S)**

**The name and street address (es) of the director(s) to these Articles of Incorporation is/are.**

**ALBERTO GONZALEZ**

**The undersigned incorporator(s) has/have, executed these Articles of Incorporation**

This: 27 day of October 1999

**Signature**

**Signature**

**Signature**

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

**Pursuant to the provisions of sections 607.0501 or 617.0501, of the  
State of Florida**

**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:**

**PROFESSIONAL MEDICAL SUPPLIES ENTERPRISES INC**

**2. The name and address of the registered agent is.**

**ALBERTO GONZALEZ**

**NAME**

**Address: 8415 SW. 107 AVE. # 351 W  
City. Miami State. FL. Zip Code 33173**

**HAVING BEEN NAMED REGISTERED AGENT, I AGREE 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.**

**I AM FAMILIAR AND ACCEPT THE OBLIGATIONS OF MY  
POSITION AS REGISTERED AGENT.**

**SIGNATURE**

**DATE.**

*Esquivel*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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