## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Name

Walk-In

Requested by:

Time

Will Pick Up

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1		Art of Inc. File
4		LTD Partnership File
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		L.C. File
		Fictitious Name File ST
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		RA Resignation
		Dissolution / Withdrawal
,		Annual Report / Reinstatement
		Cert. Copy
	<u></u>	Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
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•		Fictitious Owner Search
		Vehicle Search
•		Driving Record
		UCC 1 or 3 File
		UCC 11 Search
		UCC 11 Retrieval
		Courier

### **ARTICLES OF INCORPORATION**

**OF** 

#### INDEPENDENCE MEDICAL SUPPLY, INC.



#### **ARTICLE I- CORPORATE NAME**

The name of this corporation is INDEPENDENCE MEDICAL SUPPLY, INC.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business shall be 20423 State Road 7, Suite 6227, Boca Raton, FL 33498 and mailing address of this corporation shall be PO Box 971271; Boca Raton, FL 33497-1271.

#### **ARTICLE III - CAPITAL STOCK**

The number of shares of stock this corporation is authorized to have outstanding at any one time is 1,000 \$1.000 par value common shares.

### ARTICLE IV - INIITAL REGISTERED AGENT

The address of the initial registered office of the Corporation is 20423 State Road 7, Suite 6227; Boca Raton, FL 33498 and the name of the Corporation's initial registered agent for the service of process at such address is: Robert S. Weinroth, Esq.

#### **ARTICLE V - DIRECTORS**

The number of directors of the Cooperation shall be fixed by its By-Laws. The initial Board of Directors shall consist of three (3) directors whose names and addresses are:

Robert S. Weinroth, Pamela J. Yaffe, Joel C. Westermarck,

21786 Marigot Drive, Boca Raton, FL 33428 12408 Antille Drive, Boca Raton, FL 33428 1040 Salmon Isle, West Palm Beach, FL 33413

#### ARTICLE VI - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Robert S. Weinroth, 20423 State Road 7, Suite 6227, Boca Raton, FL 33498

#### ARTCLE VI - INDEMNIFICATION

The Corporation shall indemnify to the fullest extent permitted by the Florida Business Cooperation Act any person who has made, or is threatened to be made, a party to an action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise (including an action, suit or proceeding by or in the right of the Corporation), by reason of the fact that the person is, or was, a Director or officer of the Corporation, or a fiduciary within the meaning of the Employee Retirement Income Security Act of 1974 with respect to an employee benefit plan of the Corporation, or served at the request of the Corporation as a Director, or as an officer, or as a fiduciary of an employee benefit plan, or another corporation, partnership, joint venture, trust of another enterprise.

In addition, the Corporation shall pay for the, or reimburse, any expenses incurred by such persons who are parties to such proceedings in advance of the final disposition of such proceeding, to the full extent permitted by the Florida Business Corporation Act.

**IN WITNESS WHEREOF,** the undersigned/incorporator has hereunto executed these Articles of Incorporation this 27<sup>th</sup> day of October, 1999.

Robert S. Weinroth 20423 State Road 7 - Suite 6227

Boca Raton, FL 33498

# CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes § 607.0501 or 617.0501, 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. Name of the Corporation is **INDEDEPNDENCE MEDICAL SUPPLY, INC.**
- 2. The name of the registered agent and office is:

Robert S. Weinroth, Esq. 20423 State Road 7 - Suite 6227 Boca Raton, FL 33498

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 APPOITNMENT 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

99 OCT 29 PM 12: 55
SECRETARY OF STATE
TAIL ALIASSEE, FLORE,