

P99000109669

TRANSMITTAL LETTER

FILED  
99 DEC 17 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Healthcare Products Express, Inc.

400003074394--8  
-12/17/99--01085--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Thomas Tully  
10843 Temple Avenue  
Seminole, FL 33772  
727-539-1551

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

**ARTICLES OF INCORPORATION**

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

ARTICLE I                    NAME

The name of the corporation shall be:

Healthcare Products Express, Inc.

ARTICLE II                    PRINCIPAL OFFICE

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

1704 Pepperidge Drive  
Orlando, FL 32806

ARTICLE III                    SHARES

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

7,500

ARTICLE IV                    INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gregory Stowell  
1704 Pepperidge Drive  
Orlando, FL 32806

ARTICLE V                    INCORPORATOR

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

Thomas Tully  
10843 Temple Avenue  
Seminole, FL 33772

*Thomas Tully*  
Signature/Incorporator

12/16/99  
Date

*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*

*Greg Stowell*  
Signature/Registered Agent

12/16/99  
Date