

TRANSMITTAL LETTER
P00000107702

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 3:29

APPROVED
AND
FILED

SUBJECT: Louisiana Medical Supply Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: 1076 Services Inc
Name (Printed or typed)

P.O. Box 5602
Address

000003469310--1
-11/17/00--01053--020
*****70.00 *****70.00

Tallahassee, FL 32314
City, State & Zip

Daytime Telephone number

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

DIVISION OF CORPORATION

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RECEIVED

BB
11-17
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ARTICLE I NAME

The name of this Corporation shall be:

LOUISIANA MEDICAL SUPPLY INC.

ARTICLE II PRINCIPAL OFFICE

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

**LOUISIANA MEDICAL SUPPLY INC.
1410 Montagne St
New Iberia, LA 70560**

ARTICLE III CAPITAL STOCK

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

One Thousand (1000) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**1076 SERVICES, INC.
1061 Seminole Dr.
Tallahassee, Florida 32301**

ARTICLE V INCORPORATOR

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

**1076 SERVICES, INC.
P.O. Box 5602
Tallahassee, Florida 32314**

The undersigned has executed these Articles of Incorporation this
17th day of November, 2000


**1076 SERVICES, INC. / Incorporator
By: Marc Kemp**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 3:29

APPROVED
AND
FILED

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, 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:

LOUISIANA MEDICAL SUPPLY INC.

2. The name and address of the registered agent and office is:

**1076 SERVICES, INC.
P.O. Box 5602
Tallahassee, Florida 32314**

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.



1076 SERVICES, INC.

By: Marc Kemp

11-17-00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 3:29

APPROVED
AND
FILED