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

1. M.A. CARE MEDICAL EQUIPMENT, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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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
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REGISTRATION/QUALIFICATION	
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<input type="checkbox"/>	Other

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Examiner's Initials

10/10 ✓

ARTICLES OF INCORPORATION
FOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M.A. CARE MEDICAL EQUIPMENT, CORP.

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:

M.A. CARE MEDICAL EQUIPMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

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

7600 WEST 20TH AVE
ROOM A
HIALEAH, FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV REGISTERED AGENT

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

MARIA BENITEZ
7600 WEST 20TH AVE
ROOM A
HIALEAH, FL 33016

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARIA BENITEZ
7600 WEST 20TH AVE
ROOM A
HIALEAH, FL 33016

Maria Benitez
* Signature of Incorporator

10/9/02
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

MARIA BENITEZ (P)
7600 WEST 20TH AVE
ROOM A
HIALEAH, FL 33016

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

Maria Benitez
Signature

10/9/02
Date

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