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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 30 AM 10: 01

FLORIDA PROFIT CORPORATION OR P.A.

S.J.S. MEDICAL EQUIPMENT SERVICE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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10-31-2

**ARTICLE OF INCORPORATION**

**OF**

**S.J.S. MEDICAL EQUIPMENT SERVICE INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be: S.J.S. MEDICAL EQUIPMENT SERVICE INC.

The principal place of business of this corporation shall be:  
162 NW. 27 AVE.  
MIAMI, FL. 33130

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

JANDY DARIAS  
11501 SW. 43 LN.  
MIAMI, FL. 33165

DIRECTOR

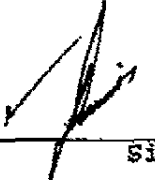
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

JANDY DARIAS  
11501 SW. 43 LN.  
MIAMI, FL. 33165

PRESIDENT, SECRETARY & TREASURER  
100 shares

The undersigned has(have) executed these Article of Incorporation this 30 th. day of October, 2002.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_  
S.J.S. MEDICAL EQUIPMENT SERVICE INC.

2. The name and address of the registered agent and office is JANDY DARIAS  
(Name)  
11501 SW. 43 LN.  
(P. O. BOX NOT ACCEPTABLE)  
MIAMI, FLORIDA 33165  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 10-30-2002