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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & D	OCUMENT NUMBER(S), (if known):	
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OTHER FILINGS	REGISTRATION/QUALIFICA	ATION
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

SAFE MEDICAL MOBILITY CORP.

ARTICLE II - PRINCIPAL OFFICE

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

14345 SW 120 ST. BLDG. 2 UNIT 1 MIAMI, FL. 33186- 6447

ARTICLE III - SHARES

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

100 SHARES AT \$1.00 PAR VAIUE

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OFELIA BODE16UEZ 14345 SW 120 ST. BLDG. 2 UNIT L MIAMI, FL. 33186- 6447

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ARTICLE V - INCORPORATOR

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

OFELIA PODZIGNEZ 14345 SW 120 ST. BLDG. & UNIT 1

The undersigned incorporator has executed these Articles of Incorporation this 14 day of September 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

OFELIA RODRIGUEZ PD. VP - SD.
PAINTERT MEDINA T.D

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature