

P99000091764
TRANSMITTAL LETTER

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

000003014520--5
-10/14/99--01047--009
*****78.75 *****78.75

SUBJECT: Shadow Medical Equipment Inc.
(Proposed corporate name - must include suffix)

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: Jonathan Respeto
Name (Printed or typed)

1350 NE 125 Street Suite 101
Address

North Miami, FL. 33161
City, State & Zip

305-793-2857
Daytime Telephone number

FILED
99 OCT 14 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TS 10/19/99

ARTICLES OF INCORPORATION

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:

Shadow Medical Equipment Inc.

ARTICLE II PRINCIPAL OFFICE

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

1350 NE 125 Street Suite 701
North Miami, FL. 33161

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jonathan Respeto
2102 Alton Pd.
Miami Beach, FL. 33140

ARTICLE V INCORPORATOR

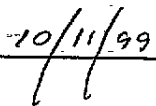
The name and address of the incorporator to these Articles of Incorporation are:

Jonathan Respeto
2102 Alton Rd.
Miami Beach, FL. 33140

FILED
99 OCT 14 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



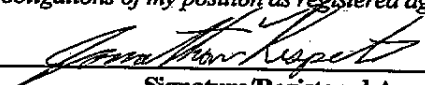
Signature/Incorporator



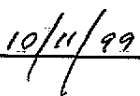
Date

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent



Date