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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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FLORIDA PROFIT CORPORATION OR P.A.

ALTERNATIVE MEDICAL EQUIPMENTS INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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:

ALTERNATIVE MEDICAL EQUIPMENTS

ARTICLE II - PRINCIPAL OFFICE

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

7805 CORAL WAY SUME 127 MIAMI FLORIDA 33155

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TERESA: D'MONDEJO 1317 SW 140 PL MIAMI FORIDA 33184

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SECRETARY OF STATE DIVISION OF CONSTRAINED STATE OF CONSTRAINED STATE OF THE STATE

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ARTICLE V - INCORPORATOR

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

TERESA DI MONDEJO 1317 SW 140 PL MIAMI FLORIDA 33184

The undersigned incorporator has executed these Articles of Incorporation this 6 day of DOUEMOR 2000

ARTICLE VI- DIRECTOR(S)

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

TERESA D'MONDEJO (PRESIDENT)
1317 SW 140 PL MIAMI FLORIDA 33184

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

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