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

1. BETTER LIFE MEDICAL EQUIPMENT, INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
00 JUL 14 PM 9:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
00 JUL 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUL 14 2000

Examiner's Initials

ARTICLES OF INCORPORATION

of

BETTER LIFE MEDICAL EQUIPMENT, INC.

(name of corporation)

FILED
00 JUL 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

BETTER LIFE MEDICAL EQUIPMENT, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JOSSIE RUIZ		
ADDRESS	11000 SW 142 PLACE		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33186

The principal office, if known, or the mailing address of the corporation is:

NAME	BETTER LIFE MEDICAL EQUIPMENT, INC.		
ADDRESS	11000 SW 142 PLACE		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33186

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JOSSIE RUIZ	PRESIDENT
ADDRESS	11000 SW 142 PLACE	
CITY	MIAMI	STATE
		FLORIDA
		ZIP
		33186

NAME	
ADDRESS	
CITY	
	STATE
	ZIP

NAME	
ADDRESS	
CITY	
	STATE
	ZIP

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JOSSIE RUIZ		
ADDRESS	11000 SW 142 PLACE		
CITY	MIAMI	STATE	FLORIDA ZIP 33186
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 13 day of JULY, ~~199~~ 2000

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Signature

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

.....13..... day ofJULY..... ~~199~~ 2000

Notary Signature

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

***CERTIFICATE OF REGISTERED AGENT
OF***

BETTER LIFE MEDICAL EQUIPMENT, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 11000 SW 142 PLACE


MIAMI, FLORIDA 33186

has named JOSSIE RUIZ

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

FILED
00 JUL 14 PM 1:0
SECRETARY OF STATE
TALLAHASSEE FLORIDA