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TRANSMITTAL LETTER

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

Department of State  
Division of Corporations  
409. E. Gaines St.  
Tallahassee, FL 32399

Subject: CITY MEDICAL EQUIPMENT, INC.  
(proposed corporate name)

Enclosed please find an original and one copy of the articles of incorporation for the above corporation and check in the amount of \$ 28.75.

From: Jose O. ESCARPIO  
Escarpio & Company  
10661 N. Kendall Dr., S. 204  
Miami, FL 33176  
(305) 275-0055

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-08/24/00--01060--012  
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FILED  
00 AUG 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-29

ARTICLES OF INCORPORATION  
OF  
CITY MEDICAL EQUIPMENT, INC.

FILED  
00 AUG 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:  
CITY MEDICAL EQUIPMENT, INC.

ARTICLE II - ADDRESS

The address of the principal office until further notice  
is: 3383 NW 7 St. Ste. 108, Miami, FL 33125

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized  
to have outstanding is one thousand (1,000) common shares  
at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: Jorge  
Rodriguez-Anton and the registered office is 3383 NW 7 Street  
Ste. 108, Miami, FL 33125.

ARTICLE V - INCORPORATOR

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

Jorge Rodriguez-Anton  
3383 NW 7 Street Ste. 108  
Miami, FL 33125

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless  
dissolved according to law.

#### ARTICLE VII - PURPOSE

The purposes for which this corporation is organized are:

- (a) To engage and transact any and all lawful business which corporations normally do within the State of Florida.
- (b) To operate any legal business at the wholesale or retail level (or both) including but not limited to sales or services for durable medical equipment operation and related.

#### ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any agent, to the full extent permitted by law.

#### ARTICLE IX - INITIAL BOARD OF DIRECTORS


The business of this corporation shall be managed by a Board of Directors consisting of one or more members, the exact number to be determined from time to time in accordance with the By-Laws. The initial Board of Directors shall consist of one director as follows:

Jorge Rodriguez-Anton	Director, President and Treasurer 3383 NW 7 St. Ste 108, Miami, FL
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#### ARTICLE X - BY-LAWS

The Board of Director shall adopt By-Laws for this Corporation which may be amended, altered or repealed by the shareholders or directors in any manner permitted by law.

The undersigned incorporator has executed these Articles of Incorporation this 21 day of August 2000.

, Jorge Rodriguez-Anton

CERTIFICATE OF DESIGNATION  
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REGISTERED AGENT/REGISTERED OFFICE  
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Pursuant to the provisions of Section 607.0501, 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 \_\_\_\_\_

CITY MEDICAL EQUIPMENT, INC.

2. The name and address of the registered agent and office is:

Jorge Rodriguez-Anton

Name \_\_\_\_\_

3383 NW 7 St. Ste 108, Miami, FL

Address \_\_\_\_\_

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature \_\_\_\_\_

Title \_\_\_\_\_

President

Date \_\_\_\_\_

08-21-00

ACCEPTANCE BY AGENT

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 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 \_\_\_\_\_

Date \_\_\_\_\_

08-21-00

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00 AUG 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA