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TRANSMITTAL LETTER

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

200003403742--2
-09/26/00--01018--006
***122.50 ***78.75

SUBJECT: Helping Hands Medical, Inc.
(Proposed Corporate Name - must include suffix)

Enclosed is an original and one copy of the Articles of Incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input checked="" type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee & Certified Copy	<input type="checkbox"/> \$35.00 Filing Fee for amendment
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FROM: Nicholas J. Rizzo & Associates, Inc.
851 East Highway 434, Suite 206
Longwood, FL 32750
(407) 767-6588

FILED
00 SEP 25 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

J. BURCH SEP 27 2000

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:

Helping Hands Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Name: **Helping Hands Medical, Inc.**

Address: **1320 John Young Parkway**

City/State: **Kissimmee, FL 34741**

ARTICLE III SHARES

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

10,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Miquel A. Martinez, Jr.
998 Stonewood Lane
Maitland, FL 32751**

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Name: Silvia J. Martinez
Street: 998 Stonewood Lane
City: Maitland, FL 32751

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

This 24th day of August, 2000.


Signature

Articles of Incorporation

Filing Fee - \$35.00


**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISION OF SECTION 607.0501 OR 617.0501, 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: **Helping Hands Medical, Inc.**
2. The name and address of the registered agent and office is:

**Miguel A. Martinez, Jr.
998 Stonewood Lane
Maitland, FL 32751**

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)

8/24/00
(DATE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 25 AM 10:17

FILED

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314