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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850)922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
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**FLORIDA PROFIT CORPORATION OR P.A.****M.A. MEDICAL SUPPLY, INC.**

Certificate of Status	0
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**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

October 16, 2000

FAS-T

SUBJECT: M.A. MEDICAL SUPPLY, INC.  
REF: W00000024874

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock.

If you have any further questions concerning your document, please call (850) 487-6926.

Gina Bullock  
Document Specialist

FAX Aud. #: H00000054232  
Letter Number: 200A00054118

ARTICLES OF INCORPORATION  
OF

M.A. MEDICAL SUPPLY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: M.A. MEDICAL SUPPLY, INC.

The principal place of business of this corporation shall be: 3720 SW 108th Ave, Miami Fl 33165.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Elitam Llanes  
3720 SW 108th Ave  
Miami Fl 33165.

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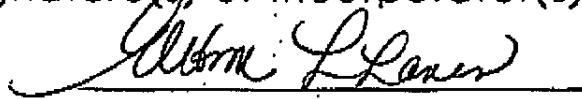
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator  
(s) to this articles of incorporation is(are):

Elitam Llanes  
3720 SW 108th Ave  
Miami Fl, 33165.

IN WITNESS WHEREOF, the undersigned Incorporator(s)  
has (have) executed these Articles of Incorporation  
this, 13th day of october 2000

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

M.A. MEDICAL SUPPLY, INC.

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

ELITAM LLANES

3720 SW 108th Ave

(P.O. BOX NOT ACCEPTABLE)

Miami Fl, 33165.

(CITY/STATE/ZIP)

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SIGNATURE *Elitam Llanes*

TITLE \_\_\_\_\_

DATE 10-13-00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Elitam Llanes*

DATE 10-13-00