TRANSMITTAL LETTER

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

PRESCOTT MEDICAL EQUIPMENT FNC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: PERMANAND BHIKHA Name (Printed or typed) 2250 A LOMA A VE Address			

407-628-2999 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Prescott Medical Equipment, Inc.

ALLAHASSEE, FLORID

ARTICLE II PRINCIPLE OFFICE

The principal place of business/mailing address is: 2250 Aloma Avenue
Winter Park, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale & Rentals of Medical Equipment and Supplies

ARTICLE IVSHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address:

Permanand Bhikha

2936 North Whisperbay Court

Oviedo, Florida 32765

Yvonne Bhikha

2936 North Whisperbay Courth

Oviedo, Florida 32765

Sabrina Persaud

4214 Mendenwood Lane Orlando, Florida 32826

ARTICLE VIREGISTERED AGENT

The name and Florida street address of the registered agent is: Permanand Bhikha
2250 Aloma Avenue
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Permanand Bhikha
2250 Aloma Avenue
Winter Park, FL 32792

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature / Registered Agent

Signature / Incorporator

___*| ___ / _/* Date

12/15/00

Date

FILED

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SECRETARY OF STATE