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

00003828631--5 -03/09/01--01101--003 *****78.75 *****78.75

SUBJECT: MODERN MEDICAL EQUIPMENT

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	S87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED		
FROM:	CHRISTOPHEZ Name (Pr	inted or typed)	<u>ਵ</u> ੁ		
2412 LAKELAND HUS BUD Address LAKELAND FL 33805					7
	City,	State & Zip	SEE. FLORID	တ	

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

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ARTICLES OF INCORPORATION

OF

MODERN MEDICAL EQUIPMENT, INC.

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SECRETARY OF BOTAT
TALLAHASSEE. HE.ORI

The undersigned incorporator, for the purpose of forming a corporation under the

Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I. NAME

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

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2412 Lakeland Hills Blvd., Lakeland, FL 33805.

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: NANCY A. EDWARDS, 2412 Lakeland Hills Blvd., Lakeland, FL 33805.

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: NANCY A. EDWARDS, 2412 Lakeland Hills Blvd., Lakeland, FL 33805.

The undersigned incorporator has executed these Articles of Incorporation this 28 day of February 2001.

VANCY A FDWARDS

STATE OF FLORIDA COUNTY OF POLK

BEFORE ME an officer duly authorized to take acknowledgements appeared NANCY A. EDWARDS, who was identified to me by a FL Driver's License and executed the foregoing document for the purposes therein expressed. SWORN TO AND SUBSCRIBED before me this 38th day of February 2001.

> FRANCES B. PERRY NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # CC933063 EXPIRES 5/2/2004 BONDED THRU ASA 1-888-NOTARY1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Fla. Stat., the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the Registered Agent/ Registered Agent, in the State of Florida.

- 1. The name of the corporation is: Modern Medical Equipment, Inc.
- 2. The name and address of the registered agent and office is:

Nancy A. Edwards 2412 Lakeland Hills Blvd. Lakeland, FL 33805

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.

NANCY A. EDWARDS