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SECRETARY OF STATE TALLAHASSEE FLORIDA

Examiner's Initials

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

TEI

MIAMI, FLORIDA (305)552-5973	
(City, State, Zip) (Phone #)	
RESA ROMAN (TALLAHASSEE REPRESENTATIVE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1. SOUTH-DADE OXIMO	ETRYSERVICES INC.
2.	· · · · · · · · · · · · · · · · · · ·
(Corporation Name)	(Document #)
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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.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

South-Dade Oximetry Services Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1541 Egret Rd. Homestead, Fl 33035

ARTICLE III -SHARES

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

1,000 shows @ \$1.00

ARTICLES IV -INITIAL RECISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Liliana Soto-Vasquez 1541 Egret Rd. Homestead, Fl 33035

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Artic Incorporation is: Liliana 50+0-Vasquez 1541 Egret Rd. Homestead, Fl 33035	les of
The undersigned incorporator has executed these Articles of Incorporation this 16 day of \(\frac{1000}{2001} \)	OT MAY 17 PH SECRETARY OF TALLAHASSEE F
(// Signature	L 39

ARTICLE VI- DIRECTOR(S)

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

Liliana Soto-Vasquez - President/Owner

Milene Zahlane - Vice President/Secretary

1541 Egret Rd.

Homestead, F1 33035

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature