

OFFICE USE ONLY (If known)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

200004396672--8

-06/11/01--01036--010

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M & B MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

**CERTIFICATE OF INCORPORATION
M & B MEDICAL EQUIPMENT, INC.**

We, the undersigned, hereby associate ourselves together for
The purpose of becoming a corporation under the laws of the
State of Florida. Providing for the formation, rights, privileges,
immunities and liabilities of Incorporation for profit.

ARTICLE I

The name of the corporation should be:

M & B MEDICAL EQUIPMENT, INC.

ARTICLE II

The corporation will engage in any activity or business
Permitted under the laws of the State of Florida and the
United States of America.

ARTICLE III

The maximum number of shares, which the corporation is
Authorize to issue and have outstanding at any one time is
100 shares of common stock, which shares shall be of no par
Value. All stock is to be issued as fully paid and exempt from
Assessment.

ARTICLE IV

The pledge, sale, transfer or other disposition of the
Capital stock may be governed and restricted by the by-laws
Or written agreement among the stockholders which shall be
On file in the office of the corporation.

ARTICLE V

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The amount of capital with which its corporation may begin Doing business shall be not less than five hundred dollars (\$500.00).

ARTICLE VI

The existence of the corporation is perpetual.

ARTICLE VII

The initial post office address of the principal office of Corporation in the State of Florida is: **6200 JOHNSON STREET, HOLLYWOOD, FL 33024.**

The board of directors may from time to time move the Principal office to any other address in the State of Florida. The registered address of the corporation is: **6200 JOHNSON STREET, HOLLYWOOD, FL 33024.** Registered agent at the address is **MIRIAM C. RODRIGUEZ.**

ARTICLE VIII

A board shall manage the business of the corporation Of directors consisting of no less than one and no more than Five directors. A quorum for the holding of a meeting of The board of directors and for the transactions of any Business, which will be properly done by the directors on Behalf of the corporation shall consist of majority of Members thereof; but the directors, by unanimous consent in Writing, included among the minutes of the corporation, may Consent to the doing of any act and such consent in writing Shall have the same force and effect as though the said act Had been done and authorized at a meeting at which a quorum Had been present, or such duties may be delegated to an Executive committee.

ARTICLE IX

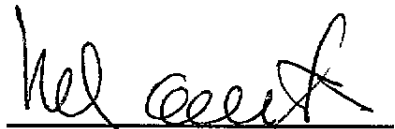
The names and post office of the members of the first board
Of directors and the slate of corporate officers

MIRIAM C RODRIGUEZ
PRESIDENT

6200 JOHNSON STREET
HOLLYWOOD, FL 33024

Stock of the corporation may be issued pursuant
To the provisions of section 1244 of the Internal Revenue Service
Code, so that the stockholders of the Corporation may receive
The benefits provided thereunder.

In witness whereof, we have hereunto set our hands and
Seals, this 7TH of June year 2001.



MANUEL C. ACOSTA
6200 JOHNSON STREET
HOLLYWOOD, FL 33024

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida
Statutes, the undersigned corporation, organized under the
Laws of the State of Florida.

The name of the corporation is, **M & B MEDICAL EQUIPMENT, INC.**
certify under the laws of the State of Florida, with its principal place of
business at City of **HOLLYWOOD**, State of Florida name **MIRIAM C.
RODRIGUEZ** located at **6200 JOHNSON STREET, HOLLYWOOD,
FL 33024** as agent to accept process in State of Florida County of
Broward.

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.


MIRIAM C. RODRIGUEZ
REGISTERED AGENT

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