OFFICE SE ONLY Johns &

LAZARUS CORPORATE FILING SERVICE

(Requester's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

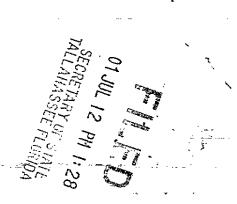
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OFFICE USE ONLY

C	OKPORATION NAME(S) & DOCUMENT NU	NIBER(S) (if known):			_		
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NEW FILINGS		
X	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
 Dissolution/Withdrawal
 Merger



OTTIER FILNGS		
	Annual Repoțt	
	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

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.

ARTICLE I-NAME

The name of the corporation shall be:

Better Care Medical Supplies Corp -

ARTICLE II-PRINCIPAL OFFICE

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

6994 W 25 Ct Hialeah FL 33016

ARTICLE III-SHARES

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

One hundred shares

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Ramon Suarez 6994 W 25 CT Hialeah Fl 33016

ARTICLE V-INCORPORATOR

The name(s) and street addrees of the incorporator to these Articles of Incorporation is (are):

Jose Ramon Suarez 6994 W 25Ct Hialeah Fl 33016

The undersigned incorporator has executed these Articles of Incorporation this 10 day of July, 2001.

Signature

ARTICLE VI-DIRECTOR(S)

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

Jose Ramon Suarez, President 6994 W 25 ct Hialeah,Fl 33016

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been name 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