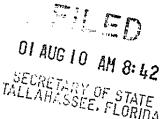
JUDIO 80095 TRANSMITTAL LETTER



*****78.75

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

SUBJECT:	G-Med IN (PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	
		=	00004528 -08/10/01 *****78.79
Enclosed are an orig	inal and one (1) copy of the artic	cles 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:	FROM: Richard L. Gillespie JR. Name (Printed or typed)		
-	6626 ThoRoughbred Loop Address		
-	Odessa, FL 33556 City, State & Zip		
813-920-5410 Daytime Telephone number			

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

FILED ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 01 AUG 10 AM 8: 42 ARTICLE I NAME SECRETHAY OF STATE ALLAHASSEE, FLORIDA The name of the corporation shall be: G-Med, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6626 Thoroughbred Loop Odessa, FL 33556 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SAle of Heatthcare products ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Richard L. Gillespie JR. 6626 Thorough bred Loop OdessA, FL 33556 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Richard L. Gillespie JR. 6626 ThoRoughbred LOOP 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