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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY /sml
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

FLORIDA PROFIT CORPORATION OR P.A.

MEDSERV OPERATIONS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight SEP 27 2001

**ARTICLES OF INCORPORATION OF
MEDSERV OPERATIONS, INC.**

The undersigned, for purposes of forming a business corporation under the provisions of Section 607 of the Florida Statutes (the Florida Business Corporation Act), adopts the following Articles of Incorporation.

ARTICLE I
NAME

The name of this corporation shall be MEDSERV OPERATIONS, INC. (hereinafter called the "Corporation").

ARTICLE II
PRINCIPAL OFFICE

The address of the principal office and the mailing address of the office of the Corporation are MedServ Operations, Inc., 5200 Blue Lagoon Drive, Suite 890, Miami, Florida 33126.

ARTICLE III
PURPOSE

The purpose of the Corporation is to acquire, manage and/or operate healthcare related manufacturing and repair companies.

ARTICLE IV
SHARES

The capital stock authorized is 15,000,000 shares, comprised of 10,000,000 shares of common stock and 5,000,000 shares of preferred stock, and all such stock has a par value of \$0.01 per share.

ARTICLE V
INITIAL OFFICERS/DIRECTORS

The initial officers and directors of the Corporation are as follows:

| | |
|-----------------------|-------------------------|
| Melvin Levinson, M.D. | Chairman |
| | President |
| | Chief Executive Officer |
| | Director |

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Michael Levinson, M.D, J.D. Chief Operating Officer
Treasurer and Secretary
Director

ARTICLE VI
INITIAL REGISTERED AGENT

The name and address of the initial Registered Agent of the Corporation is Michael Levinson, M.D., J.D., 5200 Blue Lagoon Drive, Suite 890, Miami, Florida 33126.

ARTICLE VII
INCORPORATOR


The name and address of the Incorporation are Michael Levinson, M.D., J.D., 5200 Blue Lagoon Drive, Suite 890, Miami, Florida 33126.


Michael Levinson, M.D., J.D., Incorporator

9/26/01
Date

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent and to accept the service of process for the above stated corporation at the place designated in this document, 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.


Michael Levinson, M.D., J.D., Registered Agent

9/26/01
Date

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