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MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRES	SENIE A (SESSES)
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1. RED WHITE B (Corporation Hang)	MENT NUMBER(S) (IF KNOWN): BLUE DME SERVICES INC.
2. (Corporation Name) 3. (Corporation Name)	(Document #) 500050238257 -02/27/0201052001 (Document #) ******78.75
4. (Corporation Name) Walk in Pick up time 2.69 Mail out Will wait	Certified Copy Certificate of Status AMENDMENTS
NonProfit Re . Limited Liability Ch Domestication Dis	signation of R.A., Officer/Director
Annual Report Fo Flotitious Name Name Reservation Re	FFLORIDA Feign Inited Partnership Instatement
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ARTICLES OF INCORPORATION OF

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RED, WHITE & BLUE DME SERVICES INC SECRETARY OF STATE TALLAHASSEE FLORIDA

We, the undersigned, hereby associate ourselves together under the Laws of the State of Florida, under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities for a Corporation for profit, generally and hereby make, subscribe, acknowledge and file this Certificate for the purpose of becoming a Corporation under the Laws of the State of Florida.

ARTICLE ONE Name of the Corporation

The name of this Corporation shall be:

RED, WHITE & BLUE DME SERVICES INC.

ARTICLE TWO Nature of Business

The general nature of the business to be transacted by this Corporation shall be:

Any activity and business permitted under the Laws of the State of Florida, including but not limited to medical equipment distribution.

ARTICLE THREE Capital Stock

The maximum number of shares of capital stock authorized to be issued by this Corporation shall be 500 shares each having a par value of \$1.00 per share of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of stockholders. All or any part of said capital stock may be paid for in cash, in property, or in labor or services at a fair valuation to be fixed by the incorporator, or by the Board of Director, at a meeting called for such purpose. All stock when issued shall be fully paid for and shall be non-assessable.

ARTICLE FOUR Initial Capital

The amount of capital with which this Corporation shall begin business shall be: Five Hundred Dollars (\$500.00)

ARTICLE FIVE Term of Existence

This Corporation shall have perpetual existence.

ARTICLE SIX Principal Office

The following shall be the street address and the principal office for this Corporation, but the Corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices and other places of business at such other places within or without the State of Florida that may be deemed expedient:

1800 West 49th St. # 121 Hialeah, Fl. 33012

ARTICLE SEVEN Directors

There shall be an Initial Board of Directors for this Corporation which shall consist of ONE officers, but shall never be less than ONE. Each of said Directors shall be of full age and each of them shall be residents of the United States. Any Director may be removed at any annual or special meeting of stockholders called in accordance with the By-Laws of the corporation, by the same vote as required to elect a Director.

ARTICLE EIGHT Initial Board of Directors

The names and addresses for the initial Board of Directors is as follows:

NAME Sandra P. Miranda ADDRESS 1800 West 49th St. # 121 Hialeah, F1. 33012

OFFICE President

NO. OF SHARES

500

ARTICLE NINE Incorporators

The name and addresses of each subscriber to these Articles of Incorporation and the number of shares each agrees to purchase are:

NAME Sandra P. Miranda ADDRESS 1800 West 49th St. # 121 Hialeah, Fl. 33012

ARTICLE TEN Conflict of Interest

No contract or other transaction between this Corporation and any other Corporation, and no act of this Corporation shall in any way be affected or invalidated by the fact that any of the officers of this Corporation are pecuniarily or otherwise interested in, or are Directors or officers of, such other Corporation; any Director individually, or any firm of which any Director may be a member, may be a party to, or may be pecuniarily or otherwise interested in any contract or transaction of this Corporation, provided that the fact that he or such firm is so interested shall be fully disclosed to each of the other shareholders and officers of the corporation or shall have been known to the Board of directors or a majority thereof, and any Director of this Corporation or who is so interested may be counted in determining the existence of a quorum at any such meeting of the Board of directors of this Corporation, with like force and effect as if he were not such a Director or officer of such other Corporation or not so interested.

ARTICLE ELEVEN Amendment

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the Laws of the State of Florida, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, WE, the undersigned, have executed these Articles of Incorporation for the uses and purpose stated therein this 25st day of February, 2002.

Sandra P. Miranda

President

Sworn to and subscribed before me this 25st day of February, 2002

Notary Public

Jorge R. Lopez
Commission # CC 790914
E Expires NOV. 15, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

RED, WHITE & BLUE DME SERVICES INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

SANDRA P. MIRANDA

1800 W. 49TH ST. # 121

HIALEAH, FL. 33012

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 APPOINMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISSIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFO RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_	<u></u>	
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SECRETARY OF STATE