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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
CAPRI MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The initial name and address of this corporation shall be:

CAPRI MEDICAL SUPPLY, INC.
11117 WEST OKEECHOBEE ROAD
SUITE 107
HIALEAH GARDENS, FL 33018

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ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
500	\$1.00	Common

ARTICLE IV

The name and address of the initial registered agent is:

ALBERTO SOTOLONGO
3375 WEST 76 ST
MIAMI, FL 33016

ARTICLE V

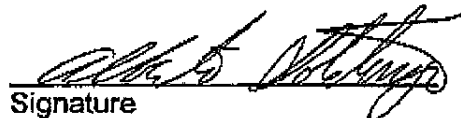
The name and street address of the incorporator to this Articles of Incorporation is:

Alberto Sotolongo – Director

3375 West 76 ST
Miami, FL 33016

The undersigned incorporator have executed these Articles of Incorporation

this 15 day of April, 2002.


Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

CAPRI MEDICAL SUPPLY, INC.

2. The name and address of the registered agent and office is:

ALBERTO SOTOLONGO
3375 WEST 76 ST
MIAMI, FL 33016

Signature

Title

Date

Alberto Sotolongo
Director
April 15, 2002

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TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date

Alberto Sotolongo
April 15, 2002