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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

FLORIDA PROFIT CORPORATION OR P.A.

DELTA MEDICAL CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:

DELTA MEDICAL CORPORATION

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

2100 E. HALLANDALE Beach Boulevard
Suite 400
HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

MARKETING

ARTICLE IV SHARES
The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

DONALD E. RHOADES
2100 E. HALLANDALE BEACH, Suite 400, Hallandale Beach, FL. 33009

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

DONALD RHOADES
2100 E. Hallandale Beach, Suite 400
Hallandale FL 33009

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:

DONALD RHOADES
2100 E. Hallandale Beach, Suite 400
Hallandale, FL 33009

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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.

X _____ 8/6/02
Signature/Registered Agent — Date

X _____ 8/6/02
Signature/Incorporator — Date