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MIAMI, FLORIDA (305)552-5973	PH 1: 28 EFLORIDA
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	IDA 28
	OTTICE USF OILLY
CORPORATION NAME(S) & DOCUMENT NUMBER	BER(S) (if leaven):
1. SHARP MEDICAL EC	RUIPMENT CORP
2. (Corporation Home) 3.	(Document*) 5000071966159 - -08/19/0201011028
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OTHER FILNGS QUALIFICATION	
Annual Report Foreign	<u> </u>
Fictitious Name Limited Partners	ship
Name Reservation Reinstatement	

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Ducines Compared in Corporation under the Florida Ducines Corporation under the Corp corporation under the Florida Business Corporation Act, hereby adopt(\$) OF STATE the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Sharp Medical Equipment Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

516 NW 57 Ave. Suite 201 Miami, F1 33126

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

- 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosilda Zapata 6851 SW 104 Court Miami, Fl 33173

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ARTICLE V - INCORPORATOR

SEUKETARY OF STATE The name and street address of the incorporator to these Articles of Incorporation is:

Rosilda Zapata 6851 SW 104 Court Miami, Fl 33173

The undersigned incorporator has executed these Articles of Incorporation this 16 day of August

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Rosilda Zapata --- P 6851 SW 104 Court Miami, F1 33173

Miriam Ferretti - VP 8511 SW 28 Street Miami, F1 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature