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TALLAHASSEE, FLORIDA****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

**FLORIDA PROFIT CORPORATION OR P.A.
MAGIC MEDICAL EQUIPMENT GROUP CORPORATION**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

MAGIC MEDICAL EQUIPMENT GROUP CORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MAGIC MEDICAL EQUIPMENT GROUP CORPORATION.

The principal place of business of this corporation shall be:

128 N.W. 27TH AVENUE
Miami, Fl 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 shares per \$ 1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Prepared by: NIEVES M. FERNANDEZ
990 N.W. 27TH CT.
Miami, Fl 33125 Tel: (305) 631-1782

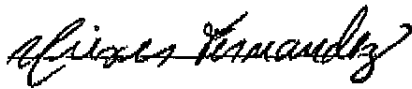
ARTICLE VI INCORPORATOR(S)

The name (s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

NIEVES M. FERNANDEZ
990 N.W. 27TH CT.
Miami. FL 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this 30 of August 2002.

Signature(s) of Incorporator(s)

A handwritten signature in cursive script, appearing to read "Nieves Fernandez", written in dark ink.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

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: MAGIC MEDICAL EQUIPMENT GROUP CORPORATION.

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

NIEVES M. FERNANDEZ
990 N.W. 27TH CT.
Miami, FL 33125

SIGNATURE: Nieves Fernandez
TITLE: PRESIDENT
DATE: 8/30/02

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 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: Nieves Fernandez
DATE: 8/30/02