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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. C & N MEDICAL SUPPLIES & EQUIPMENT INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) 900008200779--1
-10/04/02--01020--003
*****35.00 *****78.75

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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	NEW FILINGS
	~~Profit~~
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials

2

CR2E031(9/92)

D. WHITE OCT -4 2002

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

C & N MEDICAL SUPPLIES & EQUIPMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15321 NW 60 AVE. STE: 108
MIAMI LAKES, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOSE MIGUEL OLIVA (P)
15321 NW 60 AVE. STE: 108
MIAMI LAKES, FL 33014

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

JOSE MIGUEL OLIVA
15321 NW 60 AVE. STE: 108
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JOSE MIGUEL OLIVA
15321 NW 60 AVE. STE: 108
MIAMI LAKES, FL 33014

****

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

Signature/Registered Agent — Date: 10-03-02

Signature/Incorporator — Date: 10-03-02