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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.**

**SPIRAL TECH MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03-4
Estimated Charge	\$78.75

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Bm 10/16

CERTIFICATE OF INCORPORATION  
OF  
SPIRAL TECH MEDICAL SUPPLY, INC.

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: SPIRAL TECH MEDICAL SUPPLY, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be the sale, rental and delivery of medical supplies and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than one thousand (\$1,000.00) Dollars.

5. The principal office of this corporation shall be at 16350 Wood Walk, Miami Lakes, Florida 33014.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. MADELYN LLANES	President	16350 Wood Walk Miami Lakes, Florida 33014

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than one thousand (\$1,000.00) Dollars are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. MADELYN LLANES	100	\$1,000.00

8. MADELYN LLANES, whose address is 16350 Wood Walk Miami Lakes

This Document prepared by:  
 Daniel M. Keil, P.A.  
 3165 West 4th Avenue  
 Hialeah, Florida 33012  
 Telephone No. (305) 883-6600  
 Florida Bar No. 181663

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, Florida 33014, is hereby designated as the Registered Agent for the corporation.

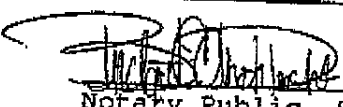
IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 15th day of October, 2002, for the uses and purposes aforesaid.

  
MADELYN LLANES

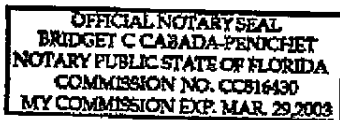
STATE OF FLORIDA )  
COUNTY OF DADE ) SS.

BEFORE ME, the undersigned authority, personally appeared MADELYN LLANES, Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 15th day of October, 2002.

  
Notary Public, State of FL.

My Commission Expires:



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Hialeah, Florida 33012  
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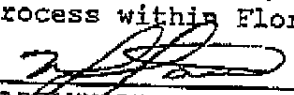
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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the  
following is submitted:

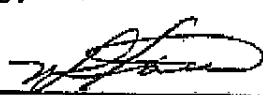
SPIRAL TECH MEDICAL SUPPLY, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of Miami,  
State of Florida, has named Madelyn Llanes, located at 16350 Wood  
Walk, Miami Lakes, Florida 33014, as its Agent to accept service of  
process within Florida.

  
MADELYN LLANES, President

DATE October 15, 2002

I 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.

  
MADELYN LLANES  
REGISTERED AGENT

DATE October 15, 2002

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Hialeah, Florida 33012  
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