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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. I. R. MEDICAL SUPPLY CORP.

(Corporation Name)

(Document #)

600008475866--7

-10/21/02--01003--018

*****70.00 *****70.00

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 OCT 21 AM 10:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2002 OCT 21 PM 12:19
TALLAHASSEE, FLORIDA
STATE

Examiner's Initials

FILED

ARTICLES OF INCORPORATION
OF
I.R. MEDICAL SUPPLY CORP.

2002 OCT 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

THE NAME OF THE CORPORATION IS:

I.R. MEDICAL SUPPLY CORP.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 1500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$1,500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE: --

1840 WEST 49 ST. SUITE #728 HIALEAH FLORIDA, 33012

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

OSCAR RIVERO

1840 WEST 49 ST. SUITE #728 HIALEAH FLORIDA, 33012

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF ONE DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

OSCAR RIVERO

1840 WEST 49 ST. SUITE #728 HIALEAH FLORIDA, 33012


ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND
THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS
SHALL BE:

OSCAR RIVERO
1840 WEST 49 ST. SUITE #728 HIALEAH FLORIDA, 33012

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF
INCORPORATION THIS SIXTEEN DAY OF OCTOBER OF 2002.

OSCAR RIVERO



SIGNATURE

CERTIFICATE OF DESIGNATION

FILED

REGISTERED AGENT/REGISTERED OFFICE 2002 OCT 21 PM 12:19

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: I.R. MEDICAL SUPPLY CORP.

2. The name and address of the registered agent and office is
OSCAR RIVERO

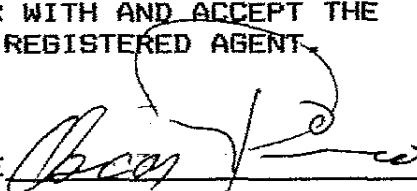
NAME
1840 WEST 49 ST. SUITE #728

(P.O. BOX NOT ACCEPTABLE)
HIALEAH FLORIDA, 33012

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE: OCTOBER 16, 2002