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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	
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CORPORATION NAME(S) & DOCUMENT NUMBER OF THE PROPERTY OF THE P	BER(S) (if known):
1. SUNSHINE MEDICAL	EQUIPMENT CENTER CO.
2. (Corporation Name)	(Document #)
3. (Corporation Harro)	(Uocument #)
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(Corporation Name)	(Document #)
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Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Sunshine Hedical Equipment Center Corp.

ARTICLE II - PRINCIPAL OFFICE

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

3900 NOW 79 AVE UNT#474
migini Pt. 33166

ARTICLE III -SHARES

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

1,000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YAKELIN SANCHEZ 3900 NW 79 AM UNIT # 474. MIGMI Pl. 33166.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: YAKELIN SANCHOZ # - UNIT# 474 3900 NW 39 AN # - UNIT# 474 MIAHI' FI. 33166.	
The undersigned incorporator has executed these Articles of Incorporation this 25 day of November 20 02 Signature	
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): JAKELIN BANCHEZ (PRESIDENT) 3900 NW 79 ANP. UNIT# 474 MIAMI Fl. 33166.	
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Havina been named as Registered Agent and to accept service of process for th	e

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