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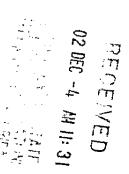
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SECRETARY OF STATE

TALLAMASSEE, FLORINA



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LAZARUS CORPORATE FILING	G SERVICE		
3320 S.W. 87 AVENUE			
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):			
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
. Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
· Other	Merger		
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Annual Report	QUALIFICATION		
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Name Reservation —	Limited Partnership		
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	Trademark		
_	Other	E	

Examiner's Initials

CD2E031(9/92)

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:

Supply & Equipment Medical Services,

ARTICLE II - PRINCIPAL OFFICE

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

1642 N.E. 148 st. Miani, FL 33181

<u>ARTICLE III -SHĀRE</u>S

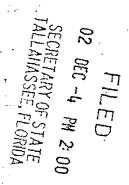
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANK PEDRIANES 6764 NW 182 St. #104 Miami, FL 33015



<u> ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

6764 NW 182 st. #104 Miani, FL 33015

The undersigned incorporator has executed these Articles of Incorporation this 30 day of December 2002

Signature

O2 DEC -4 PM 2: 0
SECRETARY OF STATE
TALLAHASSEE FLORIN

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

FRANK PEDRIANES - PRESIDENT 6764 NW 182 St. #104

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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