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(City/State/Zip/Phone #)

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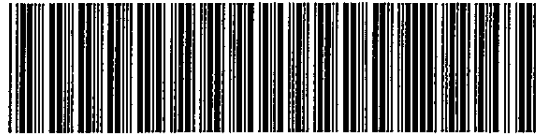
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/03--01067--003 **78.75

FILED
03 FEB -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Professional Medical Repair, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and our check for
\$78.75.

FROM: Robert C Voigt
Name (printed or typed)

450-106 SR13 N #148
Address

<u>Jacksonville</u>	<u>FL</u>	<u>32259</u>
City	State	Zip Code

(904) 874-4970
Telephone Number (include area code)

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION
OF
PROFESSIONAL MEDICAL REPAIR, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this corporation is: Professional Medical Repair, Inc.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business, all in keeping with the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock which shall be designated "Common Stock."

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI - INITIAL REGISTERED OFFICE, MAILING OFFICE
AND REGISTERED AGENT'S OFFICE**

The street of the initial registered office, mailing office, and registered agent's office of this corporation is 450-106 SR13 N #148, Jacksonville, FL 32259.

The name of the initial registered agent of this corporation is Robert C Voigt.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

	<u>NAME</u>	<u>ADDRESS</u>
President	Robert C Voigt	450-106 SR13 N #148 Jacksonville, FL 32259

ARTICLE VIII - INCORPORATORS

NAME

Robert C Voigt

ADDRESS

450-106 SR13 N #148
Jacksonville, FL 32259

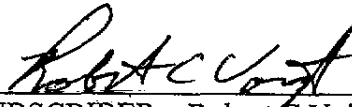
ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 2nd day of January 2003.



SUBSCRIBER Robert C Voigt

**CERTIFICATE 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 48.091, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED:

FIRST – That Professional Medical Repair, Inc.

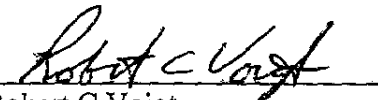
desiring to organize or qualify under the laws of the State of Florida, with its principle place
of business at the City of Jacksonville , State of Florida, has named

Robert C Voigt

located at 450-106 SR13 N #148, Jacksonville , FL 32259

as its agent to accept service of process within Florida.

SIGNATURE: _____



Robert C Voigt

Title:

President

Date:

January 2, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
CAPTIONED 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 PERFORMANCE OF MY DUTIES.

SIGNATURE: _____



Robert C Voigt

REGISTERED AGENT

DATE:

January 2, 2003

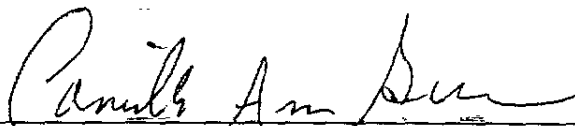
STATE OF FLORIDA

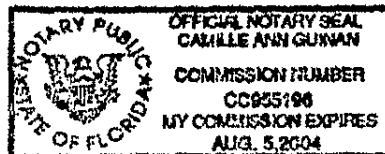
COUNTY OF ST Johns

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Robert C Voigt

known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 2nd day of January 2003.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE



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SECRETARY OF STATE
TALLAHASSEE FLORIDA