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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DO	CUMENT NUMI	BER(S) (if known):	
SEBALEX ME	DICAL	EQUIPMENT, INC	
(Corporation Name)		(Document #)	
2. (Corporation Name)		(Document #)	
3. (Corporation Name)		(Document #)	
4.		(Document #)	
(Corporation Name)	7 ~	(Document #)	
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Examiner's Initials

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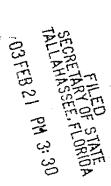
ARTICLES OF INCORPORATION

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:

Sebalex Medical Equipment, Inc.



ARTICLE II - PRINCIPAL OFFICE

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

10300 S.W. 72 Street Suite 470-B Miami, FL 33173

ARTICLE III -SHARES

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

100 Shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Emis Figueroa Garcia 10300 S.W. 72 Street Suite 470-B Miami, FL 33173

ARTICLE V - INCORPORATOR

The name and stree	et address of the incorporator to these Articles of
meor por ution is.	Emis Figueroa Garcia 10300 S.W. 72 Street Suite 470-B
	Miami, FL 33173

The undersign	ned incorp	orator h	as executed	these Articles of
Incorporation	this <u>19</u>	day of_	February	2003

X' ______Signature

ARTICLE VI- DIRECTOR(S)

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

Emis Figueroa Garcia 10300 S.W. 72 Street Suite 470-B Miami, FL 33173

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