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

1. A.A.A. HOME SURGICAL CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

T he 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; A.A.A. HOME SURGICAL CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be; A.A.A. HOME SURGICAL CORP 5700 N.W. 111 terr
HIALEAH FL 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 100 shares value of $1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

CARLOS A MILLAN 5700 N.W. 111 Terr
HIALEAH FL 33012

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

CARLOS A MILLAN 5700 N.W. 111 terr
HIALEAH FL 33012

ARTICLE VI DIRECTOR(S)

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

CARLOS A MILLAN 5700 N.W. 111 terr
HIALEAH FL 33012

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 18 day of april, 2002

CARLOS A MILLAN
5700 N.W 111 Terr
HIALEAH FL 33012

SIGNATURE
PRESIDENT, VICEPRESIDENT
TREASURER SECRETARY

SIGNATURE

SIGNATURE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATON REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 607.0501, 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; A.A.A. HOME SURGICAL CORP

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

CARLOS A MILLAN
NAME

5700 N.W. 111 terr
P.O. BOX NOT ACCEPTABLE

HIALEAH FL 33012
CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON 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 TI THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG

SIGNATURE

8 day of april ,2002