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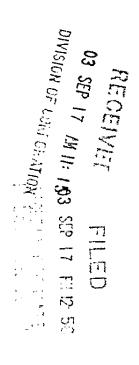
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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| OFFICE USE ONLY(DOCUMENT#) | | | | |
| LAZARUS CORPORATE FII | LING SERVICE | | | |
| 3320 S.W. 87 AVENUE | | | | |
| MIAMI, FLORIDA (305)552-5973 | | | | |
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| NEW FILINGS | AMENDME | NIS | Start. | |
| Profit | Amendment | | | |
| NonProfit | Resignation of R. | A., Officer/Director | | |
| , Limited Liability | Change of Registe | ered Agent | | |
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CR2E031(9/92)

ARTICLES OF INCORPORATION

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

ARTICLE 1 - NAME

The name of the corporation shall be:

PRESTIGE MEDICAL EQUIPTMENT Corp.

ARTICLE II - PRINCIPAL QEEICE

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

19581 NW 82nd COURT MIAMI LAKES, FL. 33015

ARTICLE III -SHARES

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

One Hundred

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Malcolm R. Clark, Sr. 5544 NW 194th Lane Miami, F1. 33055

ARTICLE V - INCORPORATOR

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

19581 NW 82nd Court Miami Lakes, F1. 33015

The undersigned incorporator has executed these Articles of Incorporation this 16 day of September 20.03

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ARTICLE VI- DIRECTOR(S)

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

Malcolm R. Clark, Jr., President Isabel Clark, President

19581 N.W 82 NA court Missi Lohes, FL. 33015

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