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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**OCEAN BREEZE MEDICAL EQUIPMENT, INC.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**  
OF

**OCEAN BREEZE MEDICAL EQUIPMENT, INC.**  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: **OCEAN BREEZE MEDICAL EQUIPMENT, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00 ) per value common stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and name of the at office is:

NAME	CAROLINA MCMURRAY				
ADDRESS	2345 WEST 80 STREET BAY 6				
CITY	HIALEAH	STATE	FL	ZIP	33016

The principal office, if known or the mailing address of the corporation is:

NAME	CAROLINA MCMURRAY				
ADDRESS	2345 WEST 80 STREET BAY 6				
CITY	HIALEAH	STATE	FL	ZIP	33016

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have **TWO (2)** director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

SECRETARY OF STATE  
ALAH: S. F. L. 1000

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NAME	CAROLINA MCMURRAY			
ADDRESS	16233 NE 9 AVENUE			
CITY	NORTH MIAMI BEACH	STATE	FLORIDA	ZIP 33162
NAME	LUCILLE MCMURRAY			
ADDRESS	16233 NE 9 AVENUE			
CITY	NORTH MIAMI BEACH	STATE	FLORIDA	ZIP 33162
NAME				
ADDRESS				
CITY		STATE	FLORIDA	ZIP
NAME				
ADDRESS				
CITY		STATE	FLORIDA	ZIP
NAME				
ADDRESS				
CITY		STATE	FLORIDA	ZIP

## ARTICLE VII - INCORPORATORS

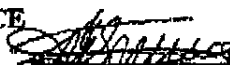
The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

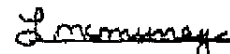
NAME	CAROLINA MCMURRAY			
ADDRESS	16233 NE 9 AVENUE			
CITY	NORTH MIAMI BEACH	STATE	FLORIDA	ZIP 33147
NAME	LUCILLE MCMURRAY			
ADDRESS	16233 NE 9 AVENUE			
CITY	NORTH MIAMI BEACH	STATE	FLORIDA	ZIP 33147
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP

IN WITNESS WHERE OF, the undersigned subscriber(s) have executed these Articles of Incorporation this 29<sup>TH</sup> day of September, 2003.

PREPARED: SOSA ACCOUNTING TAX SERVICE  
570 EAST 49 STREET  
HALEAH, FL 33013

(305) 688 - 1716  
(305) 688 - 1714

 (Seal)

 (Seal)

\_\_\_\_ (Seal)

\_\_\_\_ (Seal)

\_\_\_\_ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

OF

**OCEAN BREEZE MEDICAL EQUIPMENT, INC.**

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

AT: 2345 WEST 80 STREET BAY 6

HALEAH, FL 33016

Has named CAROLINA MCMURRAY

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Law in Keeping open said office.

  
(registered agent)

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