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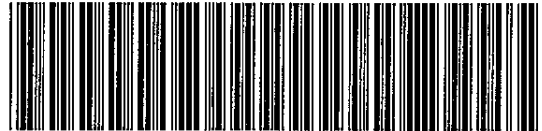
(Business Entity Name)

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**LAZARUS CORPORATE FILING SERVICE**

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

1. EXCELLENT ASSISTANT MEDICAL SUPPLY, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Owner's Initials

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

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ARTICLES OF INCORPORATION  
OF

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

THE UNDERSIGNED INCORPORATOR (S) , FOR THE PURPOSE OF  
FORMING A CORPORATION UNDER THE FLORIDA GENERAL  
CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES  
OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE :  
EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .  
THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE  
\_\_\_\_\_ 4601 NW 7<sup>TH</sup> STREET , MIAMI , FLORIDA 33173 \_\_\_\_\_

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL  
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF  
THE UNITED STATES , THE STATE OF FLORIDA , OR ANY OTHER STATE,  
COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE  
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING  
AT ANY ONE TIME IS :100 all of which shall be common shares (1.00 PER  
VALUE EACH.)

Gloria Castillo & Ass. Inc  
5610 S W 93 Th. Ave  
Miami , Fl 33173

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

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ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME ( S ) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S)  
AND DIRECTOR (S) , IF ANY , WHO SHALL HOLD OFFICE THE FIRST  
YEAR OF THE CORPORATION ' S EXISTENCE OR UNTIL THEIR  
SUCCESOR( S) IS ( ARE) ELECTED IS ( ARE)

LUIS B. GARCIA  
PRESIDENT/SECRETARY

131 ANTIQUERA APT # 8  
CORAL GABLES , FL 33134-0000

ARTICLE VI INCORPORATOR ( S )

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR(S)  
TO THIS ARTICLES OF INCORPORATION IS (ARE):

LUIS B. GARCIA  
PRESIDENT/SECRETARY

131 ANTIQUERA APT # 8  
CORAL GABLES , FL 33134-0000

Gloria Castillo & Ass. Inc  
5610 S W 93 Th. Ave  
Miami , Fl 33173

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

-3-

CONTINUATION \_\_ ARTICLE VI-INCORPORATOR(S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)  
HAS ( HAVE ) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS        first ( 27 ) DAY(S ) OF OCT , 2003 .

SIGNATURE(S) OF INCORPORATOR(S)

  
X \_\_\_\_\_

LUIS B. GARCIA - PRESIENT-/SECRETARY

GLORIA CASTILLO & ASS.INC

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

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DIVISION OF CORPORATIONS  
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PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER  
THE LAWS OF 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 :

EXCELLENT ASSISTANT MEDICAL SUPPLY, INC .

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE  
IS :

**LUIS B. GARCIA**

131 ANTIQUERA APT # 8

( P.O. BOX NOT ACCEPTABLE)

CORAL GABLES , FLORIDA 33134

( CITY /STATE /ZIPCODE)

SIGNATURE

TITLE

DATE

PRESIDENT

10/27/2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE DISIGNATED  
IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITI AND  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES , AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION  
607.325 , FLORIDA STATUTES .

SIGNATURE

DATE

10/27/2003

GLORIA CASTILLO & ASS.INC