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FLORIDA PROFIT CORPORATION OR P.A.

W A M Medical Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Businessee, FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WAM Medical Inc.

ARTICLE II PRINCIPAL OFFICE

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

WAM Medical Inc.

310 Mountain Drive, Suite B Destin, FL 32541

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Von A. Keller P.O. Box 1321 72 Highland Avenue Santa Rosa Beach, FL 32459

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

William A. Morey, PhD - 3847-B Belle Meade Court, Pensacola, FL 32503 - President/Secretary Von A. Keller - P.O. Box 1321, 72 Highland Avenue, Santa Rosa Beach, FL 32459 - V.P./Treasurer

ARTICLES VI INCORPORATOR(S)

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

William A. Morey, PhD - 3847-B Belle Meade Court, Pensacola, FL 32503 Von A. Keller - P.O. Box 1321, 72 Highland Avenue, Santa Rosa Beach, FL 32459

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29th day of **October** 2003.

von A. Keller - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES THE FLORIDA UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corpor	ation is: WAM Medical Inc.
2. The name and address of	the registered agent and office is:
	Von A. Keller
	Name
	P.O. Box 1321, 72 Highland Avenue
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Santa Rosa Beach, FL 32459
	(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Von A. Keiler SIGNATURE

October 29th, 2003

(Date)