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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
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Other	Merger
OTHER FÜNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership Reinstatement
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	Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

The 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:

Y & E MEDICAL EQUIPMENT. INCO

ARTICLE II - PRINCIPAL OFFICE

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

175 FONTAINEBLEAU Blub. SUTTE 2M-3 MIAMI, F/ , 33172

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ENRIQUE GAINEZ 8020 WEST DEWE, APT 262. NORTH BAY VILLAGE, F1, 33141

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these A	rticles of
Incorporation is:	
CONSUELO CORRECHET	
8020 WEST DRIVE APT 262	
NORTH BAY VILLAGE IFI-33141 The undersigned incorporator has executed these Articles of	÷
The undersigned incorporator has executed these Articles	of
Incorporation this <u>II</u> day of <u>DICEMBGL</u> 2003	
Signature	

ARTICLE VI- DIRECTOR(S)

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

ENRIQUE GALUEZ - PRESIDENT.

YAMILET LUGO GARRIOO - VICE - PRESIDENT

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA