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LAZARUS CORPORATE FILI	NG SERVICE
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CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):
1. MEDICAL DE	POT SERVICE INC:
(Corporation Name)	(Document #)
Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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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 FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement

Trademark

Examiner's Initials

Other

CR2E031(9/92)

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:

Medical Depot Service INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: - C 2 5 4 - -

MIAMIJEL 33172

ARTICLE III - SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ENRIQUE ESCOBAR

9351 FONTAIBLUEG BIND B311

MIAMI FL 33172

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: ENRIQUE ESCOBAR

9351 FONTABURA Blud B311

The undersigned incorporator has executed these Articles of Incorporation this 30 day of Jan 2004

ARTICLE VI- DIRECTOR(S)

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

ENRIQUE ESCOBAR, (PSDT)

9351 FONTANDIVES BIND B311

MIAMI, PL 33172

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