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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA MEDICAL EQUIPMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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DIVISION OF CORPORATION
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Medical Equipment INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10368 NW 35 Ave
Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Veterin Medical Supply

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO-PAR Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Eugenio C. Oliva President
10368 NW 35 Ave
Miami, FL 33147

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Eugenio C. Oliva
10368 NW 35 Ave
Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Eugenio C. Oliva
10368 NW 35 Ave
Miami, FL 33147

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Signature Registered Agent

Feb 26 2004
Date

[Signature]
Signature Incorporator

Feb 28, 2004
Date

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