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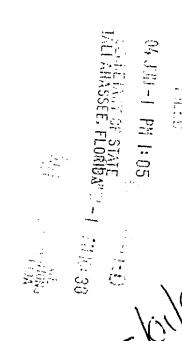
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CORPORATION NAME(S) & DOCUMENT NUM	IBER(S) (if known):	
1. T. E. O. MEDICAL, INC		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
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Name Reservation Reinstatement		
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:

T.E.O. Medical, INC.

04 JEM - 1 PH 1: 05
LOCAL ARY OF STATE
JALLAHASSEE, FLORIGA

ARTICLE II - PRINCIPAL OFFICE

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

7650 W Flagler st HIAMI F1 33144.

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:

CARMEN MAJOS 1150 MADRUGA AUE102 Miami F1 33146

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: CARMEN MATOS
7650 W Flagler S-1 MiAmi Fl 33144 The undersigned incorporator has executed these Articles of
The undersigned incorporator has executed these Articles of
Incorporation this <u>25</u> day of <u>MAY</u> 20 <u>04</u>
Cornor m
Signature

ARTICLE VI- DIRECTOR(S)

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

CARMEN MATOS PRESIDENT 1150 Madruga AVEIOZ PRESIDENT Miami FI 33146 04 JUN-1 PM 1: 05
SALKATARY OF STATE
JALLAHASSEE, FLORID

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