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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL MEDICAL SERVICES AND EQUIPMENT
(Corporation Name) (Document #)
2. CORPORATION
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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04 JUL 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the propose of becoming a corporation under the laws of the State of Florida authorizing the formation of a corporation

ARTICLE I

NAME

The name of this Corporation shall be:

ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in and transacting any and all lawful business.

ARTICLE III

The capital stock of this corporation shall be 1000 shares @ \$5.00 each, common stock.

ARTICLE IV
CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation shall not be less than \$ 5000.00

ARTICLE V
CORPORATION EXISTENCE

This corporation shall exist perpetually unless sooner dissolved according to the law.

ARTICLE VI
PRINCIPAL PLACE OF BUSINESS

The principal place of business of said corporation shall be at: 2570 NE 35 STREET
OCALA , FLORIDA 34479

With the privilege of having branch offices at other places or out
the State of Florida.

ARTICLE VII
NUMBER OF DIRECTORS

The number of Directors of the Corporation shall be two

ARTICLE VIII
DIRECTORS

The name and post office addresses of the first Board of Directors of this corporation
who shall hold office the first year or until their successors are chosen, shall be:

President	Mary Santos
22570 NE 35 Street Ocala Florida 34479	

Vice President	Mahe Olive
14901 SW 4 th Street Apto. A-2	
Pembroke Pines Florida 33054	

ARTICLE IX
SUBSCRIBERS

Name	Address
Jun Carlos Olive	14901 SW 4th Street Apt. A-2
	Pembroke Pines Fl. 33027

ARTICLE X

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute or set out in the corporation By-Laws, so long as same does not conflict with the Florida Statutes.

The directors of this corporation shall have the power to make or amend the By-Laws and to fix any amount to be reserved for working capital.

ARTICLE XI

The officers of the corporation shall be controlled by the Board of Directors, and each resolution shall require the approval by majority vote of all directors before its adoption as a corporate act.

ARTICLE XII

The register agent of the Corporation shall be: Juan Carlos Olive

The register office of the Corporation shall be: 2570 NE 35 STREET
OCALA FLORIDA 34479

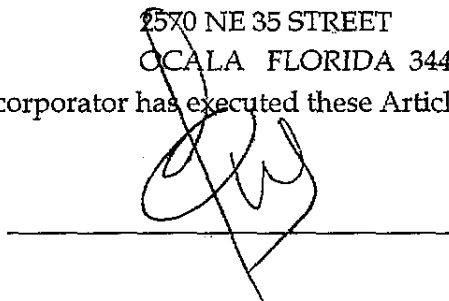
ARTICLE XIII

The name and street address of the incorporator to these Article of Corporation is:

Juan Carlos Olive

2570 NE 35 STREET
OCALA FLORIDA 34479

The undersigned incorporator has executed these Article of Corporation this 26 day of July 2004



CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

1- The name of the corporation is:

ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

2-The name and address of the registered agent and office is:

Juan Carlos Olive
2570 NE 35 STREET
OCALA FLORIDA 34479

Having been named as registered agent and 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 statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position of registered agent



signature



date