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To:

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

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From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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APPROVED  
AND  
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FLORIDA PROFIT CORPORATION OR P.A.

HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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10CT. 13. 2004 11:08AM 3054 CORPORATION SVC CO

VILA & PADRON, PA

APPROVED  
NO. 432 PAID  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF:**

**HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME AND ADDRESS**

The name of the corporation is HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC., and the mailing address of this corporation shall be: 427 NW 134<sup>th</sup> Court, Miami, Florida 33182.

**ARTICLE II**

**DURATION AND BEGINNING OF CORPORATE EXISTENCE**

This corporation shall have perpetual existence commencing at the time of filing of the Articles of Incorporation with the Secretary of State.

**ARTICLE III**

**NATURE OF BUSINESS**

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated in the State of Florida.

**ARTICLE IV**

**CAPITAL STOCK**

The corporation is authorized to issue 100 shares of common stock at \$1.00 par value per share.

THIS INSTRUMENT PREPARED BY:  
VILA, PADRON & DIAZ, P.A.  
2 Alhambra Plaza  
Suite 860  
Coral Gables, Florida 33134  
Telephone: (305) 461-4888  
Facsimile: (305) 461-0261

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ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the corporation is:

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301-2607

ARTICLE VI

INCORPORATOR

The name and address of the incorporator subscribing to these Articles of Incorporation is: JOSE A. ORIHUELA at 427 NW 134<sup>th</sup> Court, Miami, Florida 33182.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time as provided for in the by-laws, but shall never be less than one. The name and address of the director shall be:

Jose A. Orihuela  
427 NW 134<sup>th</sup> Court  
Miami, Florida 33182

ARTICLE VIII

BY-LAWS

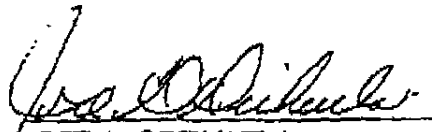
The power to alter, adopt, amend or repeal the by-laws shall be vested in the Board of Directors and the Shareholders of this Corporation.

ARTICLE IX

INDEMNIFICATION

The corporation shall indemnify, to the full extent permitted by law, any officer, director, employee or agent of the corporation, or any former officer, director, employee or agent of the corporation, or any person who at the request of the corporation is or was serving as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 5 day of October, 2004.

  
JOSE A. ORIHUELA  
Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF REGISTERED AGENT  
OF  
HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.**

Pursuant to Section 48.091 and 607.0501 of the Florida Statutes, the following is submitted, in compliance therewith:

That HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC., desiring to organize under the laws of the State of Florida, with its principal place of business at 427 NW 134<sup>th</sup> Court, Miami, Florida 33182 has named CORPORATION SERVICE COMPANY at 1201 Hays Street, Tallahassee, Florida 32301-2607 as agent to accept service of process within the State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Dated this 13 day of October, 2004.

By:

  
CORPORATION SERVICE COMPANY  
Lynette Coleman  
as its agent

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