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BASIC AMENDMENT

NOA MEDICAL EQUIPMENT INC

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*Journal
5-17-05*



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 18, 2005

NOA MEDICAL EQUIPMENT INC
6447 MIAMI LAKES DRIVE EAST
SUITE 200 E
MIAMI LAKES, FL 33014

SUBJECT: NOA MEDICAL EQUIPMENT INC
REF: P04000160277

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
NOA MEDICAL EQUIPMENT, INC.

The articles of incorporation of NOA MEDICAL EQUIPMENT, INC., were amended by the corporation's board of directors on March 18, 2005. The corporation is filing these articles of amendment to articles of incorporation pursuant to F.S. 607.0602.

- 1. Article IV (REGISTERED AGENT AND STREET ADDRESS) of the articles of incorporation of NOA MEDICAL EQUIPMENT, INC., was amended as follows: The name and address of the registered agent is:

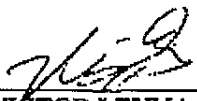
REYSEL RIVERON
2459 WEST 9TH LANE
HIALEAH, FL 33010


- 2. Article VI (DIRECTOR) The name and street address of the director to these articles of incorporation is:

REYSEL RIVERON
2459 WEST 9TH LANE
HIALEAH, FL 33010

- 3. The foregoing amendment to articles of incorporation was duly adopted by the board of directors on May 16, 2005, without shareholder action and shareholder action was not required.

In witness whereof, the undersigned Director of this corporation has executed these articles of amendment on May 16, 2005.


VICTOR LEYVA
4975 EAST 1ST AVENUE
HIALEAH, FLORIDA 33013


EIZARDO LEYVA
4975 EAST 1ST AVENUE
HIALEAH, FLORIDA 33013

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RR
REXSEL RIVERON
2459 WEST 9TH LANE
HIALEAH, FL 33010

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

✓ Noa Medical Equipment, Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 AS REGISTERED AGENT.

✓ 
REGISTERED AGENT

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