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To:
Division of Corporations
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From:
Account Name : ACCOUNTING & BEYOND
Account Number : I19990000223
Phone : (813)998-9800
Fax Number : (813)935-9982

FLORIDA PROFIT CORPORATION OR P.A.

NEBRASKA MEDICAL EQUIPMENT, INC.

Certificate of Status	0
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B. McKnight JUL 25 2005

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:

NEBRASKA MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
7901 N. NEBRASKA AVE., SUITE 100-A, TAMPA, FLORIDA 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR RETAIL SALES OF MEDICAL EQUIPMENT

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ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAFAEL TORRES, PRESIDENT
7901 N. NEBRASKA AVE., SUITE 100-A
TAMPA, FLORIDA 33604

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

RAFAEL TORRES 7901 N. NEBRASKA AVE., SUITE 100-A, TAMPA, FLORIDA 33604

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

RAFAEL TORRES, PRESIDENT
7901 N. NEBRASKA AVE., SUITE 100-A
TAMPA, FLORIDA 33604

****

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/Registered Agent — Date: 7/21/05

Signature/Incorporator — Date: 7/21/05