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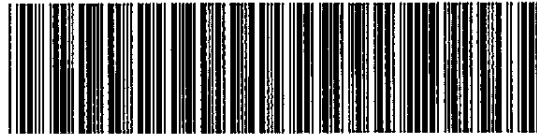
(Business Entity Name)

(Document Number)

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MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. INFUSION MEDICS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION
FOR
INFUSION MEDICS, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: **INFUSION MEDICS, INC.**

ARTICLE II

The principle place of business and mailing address of this corporation shall be:
1871 N E 167th STREET, NORTH MIAMI BEACH, FLORIDA 33162.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100,000 shares.**

ARTICLE IV

The name and address of the initial Registered Agent is:

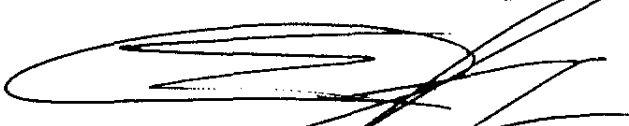
**MARIO LAURENCEAU
1871 N E 167th STREET
NORTH MIAMI BEACH, FLORIDA 33162**

ARTICLE V

The name and street address of the Incorporator to these Articles of Incorporation is:

**MARIO LAURENCEAU
1871 N E 167th STREET
NORTH MIAMI BEACH, FLORIDA 33162**

The undersigned Incorporator has executed these Articles of Incorporation this **2nd DAY OF AUGUST, 2005.**



**MARIO LAURENCEAU
By: INFUSION MEDICS, INC.**

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DIVISION OF CORPORATIONS
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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 AGENT/
REGISTERED OFFICE, IN THE STATE OF FLORIDA.**

1. The name of the corporation is: **INFUSION MEDICS, INC.**

2. The name and address of the Registered Agent and Office is:

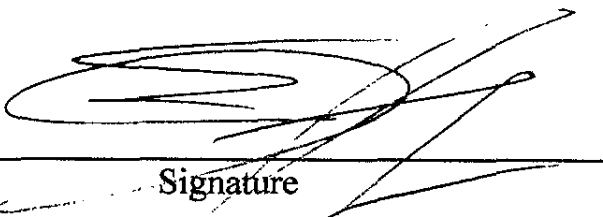
**MARIO LAURENCEAU
1871 N.E. 167th STREET
NORTH MIAMI BEACH, FLORIDA 33162**

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Having been named as registered agent and to 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 as registered agent.

MARIO LAURENCEAU



Signature

8/02/2005

Date