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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

: (305)599-0839 Phone Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HARVARD MEDICAL SUPPLIES, INC

Certificate of Status	O STATE OF THE PROPERTY OF THE
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ARTICLES OF INCORPORATION OF

BARVARD MEDICAL SUPPLIES, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HARVARD MEDICAL SUPPLIES, INC

The principal place of business of this corporation shall be:

1075- 92nd STREET, STE 303, BAY HARBOR ISLAND, FL 33154

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 shares @ \$.01 pv

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

(P) CARL A. HASTINGS, 1075- 92nd STREET, STE 303, BAY HARBOR ISLAND 33154

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

CARL A. HASTINGS 1075 -- 92 STREET STE 303 BAY HARBOR ISLAND, FL 33154

AUGUST,	2005.	
	s	
		Signature(s) of Incorporator
		Caldat
		CARL A. HASTINGS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:	c)
HARVARD MEDICAL SUPPLIES, INC	95 A
2. The name and address of the registered agent and office is: CARL A. HASTINGS, 1075 - 92 STREET, STE 303	AUG 16 AM 10
(P.O. BOX NOT ACCEPTABLE)	29
BAY HARBOR ISLAND, FL 33154	
(CITY/STATE/ZIP)	
Signature PRESIDENT/RA	8
Date August 16th, 200) 5
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FO THE ABOVE STATED CORPORATION, AT THE PLACE DESIGN IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER A COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT TO DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.	AND
SIGNATURE CONTRACTOR	
DATE AUGUST 16th, 20	2005