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

From:
Account Name : EMPIRE CORPORATE KIT COMPAN
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

new york medical equipment services, inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

NEW YORK MEDICAL EQUIPMENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2500 NW 79 AVENUE SUITE 236
DORAL, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF RENTAL MEDICAL EQUIPMENT.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LETICIA MENES 2500 NW 79 AVENUE STE 236 PRESIDENT
DORAL, FL 33122

ARTICLE VI REGISTERED AGENT

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

LETICIA MENES 2500 NW 79 AVENUE STE 236
DORAL, FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LETICIA MENES 2500 NW 79 AVENUE STE 236
DORAL, FL 33122

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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: 10/29/05

Signature/Incorporator — Date: 10/29/05

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