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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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

ARTICLE J - NAME

The name of the corporation shall be:

Agramonte Medical Supplies, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11865 SW 26 Street, Suite G-7 Miami, Fl. 33175

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Juan Eduardo Agramonte 11965, SW 26 Street, Suite G-7 Miami, Fl. 33175

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SECRETARY OF STATE

ARTICLE Y - INCORPORATOR

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

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

A GYANOMTO AGYANOMTO 11845 SW 24 STREET, SUITE G-7

Manni, Fl. 33175

The undersigned incorporator has executed these Articles of Incorporation this 14 day of Feb. 2004

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Juan Eduardo Agramonte 11865 SW 26 Street, Suite G-7 Miami, F1 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature