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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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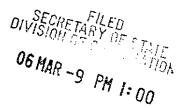
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 5	52-5973
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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):
1. MY FLORIDA (Corporation Name)	MEDICAL EQUIPMENT, INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up tim  Mail out Will wait	e 2.06
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)



#### ARTICLES OF INCORPORATION

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 I - NAME**

The name of the corporation shall be: My plorida Medical ego. pmant, IN

#### **ARTICLE II - PRINCIPAL OFFICE**

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

2500 NW 79th one Doral, Flerida 33122 unit # 225

#### **ARTICLE III - SHARES**

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

### **ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jose Teijeiro 2500 Nus 79th one Bend, Florida, 33122 Unit # 225

#### **ARTICLE V - INCORPORATOR**

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

Jose Teijeiro 2500 NW 79th Oue Bord, Florda, 25122. 1255 # t, N

The undersigned incorporator has executed these Articles of day of 3/8

Incorporation this

#### ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of

Incorporation is (are):

Jose Tejero 2500 NW 79h Duel Dard, FL, 33122

#### 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