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1. MCF MEDICAL EQUIPMENT, CORP.

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NEW FILINGS

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

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, 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 I - NAME

The name of the corporation shall be:

MLI Medical Equipment, Corp.

ARTICLE II - PRINCIPAL OFFICE

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

2500 N.W. 79th Ave. Suite 297
Doral, Florida 33122

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:

Ivette Chong
2500 N.W. 79th Ave. Suite 297
Doral, Florida 33122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

Ivette Chong
2500 N.W 79th Ave Suite 297
Doral, Florida 33122

The undersigned incorporator has executed these Articles of Incorporation this 8 day of May 2006.


Signature

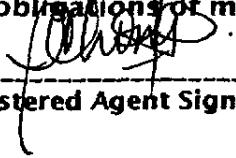
ARTICLE VI- DIRECTOR (S)

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

Ivette Chong - President

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