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CORPORATE FILING SERVICE	
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MIAMI, FL 33165 (305) 552-5973	
CORPORATION NAME(S) & DOCUMENT NUM	Office Use Only (BER(S), (if known):
1. RED MAGNUM MEDI (Corporation Name)	Occument #)
2. (Corporation Naπ:e) (I	Document #)
3. (Corporation Name) (1	Document #)
4. (Corporation Name) (I	Document #)
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Annual Report Fictitious Name Limi Rein	ted Partnership statement emark

Examiner's Initials

CR2E031(7/97)

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SECRETOR OF STATE

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 1 - NAME

RED MAGNUM MEDICAL Equipment Inc

ARTICLE II - PRINCIPAL OFFICE

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

2500 N.W. 79 Ave Sutemia mi F1.33122 287

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:

Armando Benedit 2500 NW 79 Ave Suite-287 MIAMIFI. 33122

ARTICLE V - INCORPORATOR

The name and stre	eet address of the	incorporato	r to these A	Articles of
Incorporation is:	Armando	Benedi	+ ,	767
	Armando 2500 N.W. MIAMIFI.	79 Ave 3312	juite L	081
The undersigned i Incorporation this	ncorporator has e	executed the		
	Signa	ture		
		,		

ARTICLE VI- DIRECTOR (S)

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

Armando Benedit

Armando Benedit

J500 NW 79 Aue Suite 287

miami 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