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LAZARUS CORPORATE FILING SERVICE

3320 SW 97TH AVENUE

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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if kn	nown):
1. CRC MEDICAL E	quipment &	SUPPLY INC.
(Corporation Name) 2.	(Document #)	
(Corporation Name)	(Document #)	,
3		· .
(Corporation Name)	(Document #)	
4.	4	
(Corporation Name)	(Document #)	
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OTHER FULINGS	REGISTRATION/QUALIFICATION	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

CRC Medical Equipment & Supply Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

6151 Miramar Parkway, SciT 224 Miramar, Florida. 33023

ARTICLE III -SHARES

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

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carolyn Chizzini 15800 SW 110 CT ×105 B Miami fl. 33157

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation Is: Carolya Chizzini

19800 SW 110 CVT #10513-Migmi, A1. 33157

The undersigned incorporator has executed these Articles of Incorporation this /4 day of Jvwe 2006.

andy Chygini

ARTICLE VI- DIRECTOR (S)

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

Carolyn Chizzini-President 19800 sw 110 cvt 41058-Miami, Al.

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