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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**AF HOME MEDICAL, INC.**

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**ARTICLES OF INCORPORATION**  
**OF**  
**AF HOME MEDICAL, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be **AF HOME MEDICAL, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 1677 NE 163<sup>rd</sup> Street, North Miami Beach, FL 33162.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

**ARTICLE IV: PURPOSE OF CORPORATION**

This Corporation may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is Alla Pruzhinin, 1677 NE 163<sup>rd</sup> Street, North Miami Beach, FL 33162.

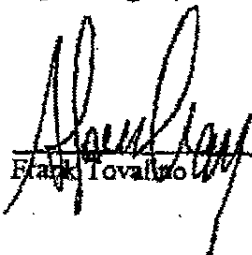
**ARTICLE VI: INCORPORATORS**

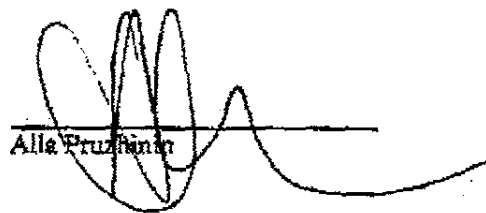
The names and addresses of the incorporators to these Articles of Incorporation are:

(P, T)  
Frank Tovalino  
1677 NE 163<sup>rd</sup> Street  
North Miami Beach, FL 33162

(VP, S)  
Alla Pruzhinin  
1677 NE 163<sup>rd</sup> Street  
North Miami Beach, FL 33162

The undersigned incorporators have executed these Articles of Incorporation this 17th day of August, 2006.

  
Frank Tovalino

  
Alla Pruzhinin

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **AF HOME MEDICAL, INC.**
2. The name and address of the registered agent and office is:

**Alla Pruzhinin  
1677 NE 163<sup>rd</sup> Street  
North Miami Beach, FL 33162**

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Alla Pruzhinin

*August 17, 2006*  
August 17, 2006