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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0391

From:

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

FLORIDA PROFIT/NON PROFIT CORPORATION

EW COMPLETE CARE INC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EW COMPLETE CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

433 SO ROYAL POINCIANA BLVD # 210
MIAMI SPRINGS, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RENTAL OF MEDICAL EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM ESTEVEZ, PRESIDENT & TREASURER, 433 SO ROYAL POINCIANA BLVD #210, MIAMI
SPRINGS, FL 33166.

NAYIVIS PUPO, V.P. & SECRETARY, 19321 SW 118 AVE., MIAMI, FL 33177

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WILLIAM ESTEVEZ, 433 SO ROYAL POINCIANA BLVD #210, MIAMI SPRINGS, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM ESTEVEZ, 433 SO ROYAL POINCIANA BLVD #210, MIAMI SPRINGS, FL 3166

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

William Estevez
Signature/Registered Agent

09/22/06
Date

William Estevez
Signature/Incorporator

09/22/06
Date