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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

dimension medical equipment group, nc.

Certificate of Status	0
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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:
DIMENSION Medical Equipment Group, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
2431 48 AVE NE Naple Florida 34120

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Medical Equipment

ARTICLE IV SHARES
The number of shares of stock is:
100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
OSMANY GONZALEZ CRUZ
2431 48 AVE NE
Naples, FLA 34120

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
OSMANY GONZALEZ CRUZ
2431 48 AVE NE Naples, FLA 34120

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
OSMANY GONZALEZ CRUZ
2431 48 AVE NE Naples, FLA 34120

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

Signature/Registered Agent — 10-11-06 Date

Signature/Incorporator — 10-11-06 Date

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