500003925

LAZARUS CORPORATE IN (Requestor's Name) 890 S.W. 87 AVENUE 8 (Address) MIAMI, FLORIDA 331	16	7000013695 -01/24/950113402 ****122,50 ****122
(City, State, Zip) LOCAL REPRESENTATIVE (904) 385-6735 CORPORATION NAME(S)	TALLAHASSEE	OFFICE USE ONLY BER(S) (if known):
4.		RENTAL JNC.
3. (Corporation Name		(Document #)
(Corporation Name		Certified Copy Certificate of Status
NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDME Amendment Resignation of R.A Change of Register Dissolution/Withdra Merger	A., Officer/Director
OTHER FILNGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	1 / 95

Examiner's Initials

ARTICLES OF CORPORATION OF

VALMOR MEDICAL RENTAL, INC.

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:

VALMOR MEDICAL RENTAL, INC.

SS JUN 17 PH 12: 27

ARTICLE II PRINCIPAL OFFICE

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

5755 W. FLAGLER ST. Suite 202, MIAMI, FL 33144

ARTICLE III CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LUIS A. VALDIVIA 5755 W. FLAGLER ST. SUITE 202, MIAMI, FL 33144

ARTICLE V INCORPORATOR (S)

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

LUIS A. VALDIVIA 5755 W. FLAGLER ST. SUITE 202, MIAMI, FL 33144

The undersigned has (have) executed these Articles of Incorporation This 01/12/95

Signature/President

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: VALMOR MEDICAL RENTAL, INC.
- 2. The name and address of the registered agent and office is:

LUIS A. VALDIVIA 5755 W. FLAGLER ST. SUITE 202, MIAMI, FL 33144

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.

SIGNATURE

DATE 01/1/2/95