

P95000020229

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 13 1995

SUBJECT: CLASS Medical Equipment, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Raquel Gonzalez
Name
1830 NW 9th ST
Address
MIAMI FL 33125
City, State, & Zip
(305) 643-6399
Telephone Number

3/13/95

Note: Additional copy of articles is needed only when certified copy is requested.

FILED
MAY 19 1995
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CLASS Medical Equipment, Inc

FILED
1995 MAR 10 PM 3:00
TALLAHASSEE, FLORIDA

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:

CLASS Medical Equipment, Inc

ARTICLE II PRINCIPAL OFFICE

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

930 E HiALEAH DRIVE
SUITE 15-A
HiALEAH FL 33010

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 NON PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT
AND ADDRESS

The name and address of the initial registered agent is:

RAQUEL GONZÁLEZ
1830 NW 9th ST
MIAMI FL 33125

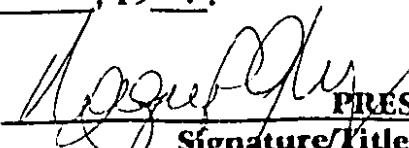
ARTICLE V INCORPORATOR(S)

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

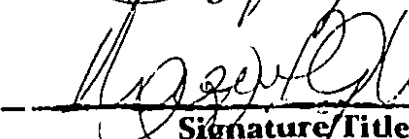
RAQUEL GONZÁLEZ
1830 NW 9th ST
MIAMI FL 33125

The undersigned has(have) executed these Articles of Incorporation this

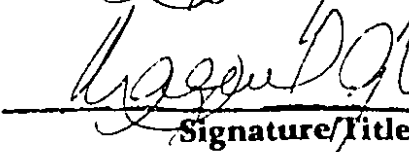
MARCH day of 06, 1995.



PRESIDENT
Signature/Title



Signature/Title



Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: CLASS Medical Equipment, Inc

2. The name and address of the registered agent and office is:

Raquel Gonzalez
(NAME)

1830 NW 9th St

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33125

(CITY/STATE/ZIP)

SIGNATURE Raquel Gonzalez
(corporate officer)

TITLE PRESIDENT

DATE 03/06/1995

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 Raquel Gonzalez

DATE 03/06/1995