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STATE OF FLORIDA MIAM1 FL 33012- 9 000018-0000 409 EAST GAINES STREET TALLAMASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO PHONE: (305) 541-0790 FAX: (305) 541-4015

(((H95000003276))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: LIFERSAVER MEDICAL EQUIPMENT, INC.

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March 23, 1995

R & R ACCOUNTING & TAX SERV.

SUBJECT: LIFESAVER MEDICAL EQUIPMENT, INC.

REF: W95000006416

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Loria Poole Corporate Specialist

FAX Aud. #: H95000003276 Letter Number: 095A00013068

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

OF

LIFESAVER MEDICAL EQUIPMENT, INC.

The undersigned incorporatorisi, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ABLICLE I NAME

The name of the corporation shall be: LIFESAVER MEDICAL EQUIPMENT, THC.

ARTICLE II PRINCIPAL OFFICE

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

5018 West 12 Avenue Hialeah, FL 33012

ABTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at eny one time is: 100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson Frias 5018 West 12 Avenue Hialeah, FL 33012

PREPACED BY: NEISON FRIAS 5018 W. 12 NUE HIACEAN, F-C 305-803-2146

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ARTICLE V INCORPORATORISI

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

Nelson Frias, President 5^18 West 12 Avenue Nialeah, FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this		
4 day of January	, 19 <u>_95</u>	
-Allan		
Signature		
. Signatura		
Signature		

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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 FULLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	of the corporation is: LIFESAVER MEDICAL EQU	IPMENT, INC.
2. The name	and address of the registered agent and office is:	
	Nelson Friss	<u> </u>
•	(Name)	
	5018 West 12 Avenue	
•	(P.O. Box nat acceptable)	• • • • • • • • • • • • • • • • • • • •
	Hialeah, Ft. 33012	, <u>F</u>
	(City/State/Zlp)	
Having beer above stated the appoint to comply wi mance of my as registered	$(C \cdot A)$.	
	(Silvature)	

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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