P95 PSP 45938 Department of State Division of Corporations P.O. Box 6327

SUBJECT: Basic MEDICAL EQUIPMENT, INC. (proposed corporate name)

FROM:

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Tallahassee, FL 32314

Guillermo Torres Name 4155 SW 92 2d AVENUE Address Minmi- FL. 33165 City, State, & Zip (305) 225-6994 Telephone Number

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95 JUN -9 AH 8: 58
SECRETARY OF STATE
TALLAHASSEE, FLORID

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

ARTICLES OF CORPORATION OF

BASIC MEDICAL EQUIPMENT , 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:

BASIC MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1740 SW 13 Street SUITE 3 MIAMI F1. 33137

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 aduress of the initial registered agent is:

LUIS LINARES 1740 SW 13 Street Ste. 3
Niami ,F1. 33137

ARTICLE V INCORPORATOR (S)

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

LUIS LINARES

PRESIDENT

1740 SW 13 Street Ste. 3 Miami, Fl. 33137

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

06/06/1995

LUIS LINARES

Signature/President

Signature/Title

Signature/Title

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RECRETARY OF STALE

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:

BASIC MEDICAL EQUIPMENT, INC.

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

LUIS LINARES

1740 SW 13 St. Ste. 3 Miami , F1. 33137

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

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CHARLED, ILERCE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER INT.

11/20/95 FLORIDA DIVISION OF CORPORATIONS 10:55 AM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET (H95)(ሰነሰነው) 3ኛ557 (1) TO: DIVISION OF CORPORATIONS FROM: FAS-T COPP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST SUITE C-100 STATE OF FLORIDA 409 EAST GAINES STREET MIAMI FL 33166-33401-CONTACT: LIDIA FERNANDEZ TALLAHASSEE, FL 32399 PHONE: (305) 599-0839 FAX: (904) 922-4000 FAX: (305) 592-9591 DOCUMENT TYPE: BASIC AMENDMENT (((H95000013055))) NAME: BASIC MEDICAL EQUIPMENT, INC. CURRENT STATUS: REDUESTED FAY AUDIT NUMBER: H95000013055 DATE REQUESTED: 11/20/1995 TIME REQUESTED: 10:55:48 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: @ NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX ACCOUNT NUMBER: 071001002335 ESTINATED CHARGE: \$35.00 ite: Please print this page and use it as a cover sheet when submitting scuments to the Division of Corporations. Your document cannot be processed w hout the information contained on this page. Remember to type the Fax Audit per on the top and bottom of all pages of the document. 195000013055))) ** GNTER 'M' FOR MENU. ** 10:56 AM FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM ELECTRONIC PROCESSING MENU

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AKITCLES OF AMENDMENT

OT

ARTICLES OF INCORPORATION

OF

 <u> કેલકાર</u>	Medical	Equipment.	Inc
		7 '	
 	(pre	sent name)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate anicle number(s) being amended, added or deleted)

The following will be added as the board of directors:

President, Secretary: Unse Valles: 1150 sw 22nd st #16

The new resistered agent will be: Jose Valles
1150 sw 22nd st #16
Miami, Fl 33129

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Prepared by: Jose Valles 1150 SW 22nd St. # 16 Miami, Fl 33129 (305) 618-7646

1015 W 1 1 3055

THIRD: The date of each amendment's adoption: Nedember 2 1993				
FOURTH: Adoption of Amendment(z) (check one)				
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.				
The amendment(s) was/were approved by the shareholders through voting groups.				
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):				
The number of votes east for the amendment(s) was/wore sufficient for approval by (voting group)				
(voting group)				
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Signed this 16 day of November , 19 95				
I hereby agree to act in this capacity as registered agent for the above corporation				
Signature				
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)				
OR OR				
(By a director if adopted by the directors)				
OR (By an incorporator if adopted by the incorporators)				
Jose Valles				
Typed or printed name				
President Secretary / Registered Agent				
Title				