P95000062463

TRANSMITTAL SHEET

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

SUBJECT: GIGI MEDICAL EQUIPMENT, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

[x] $70.00 [ ] $78.75 [ ] $122.50 [ ] $131.25

FROM: FELIPE VILA
Name (printed or typed)

13755 Overside Highway
Address

Marathon, Florida. 33050
City, State & Zip

600001558596
-08/11/95--01059--019
*****70.00 *****70.00

743-0963
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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: GIGI MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
13755 Overside Highway, Marathon. Florida. 33050

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares of common stock having a par value of $1.00 (One dollar) per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: FELIPE VILA
13755 Overside Highway, Marathon, Florida. 33050

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): FELIPE VILA
13755 Overseas Highway
Marathon, Florida. 33050

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

26 day of July, 19 95.

x Felipe Vila Rodriguez
Signature
Felipe Vila

Signature

Signature

Articles of Incorporation
Filing Fee - $35

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

1. The name of the corporation is: GIGI MEDICAL EQUIPMENT, INC.

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

FELIPE VILA
(Name)

13755 Overside Highway
(P.O. Box not acceptable)

Marathon, Florida. 33050
(City/State/Zip)

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.

Felipe Vila Rodriguez
(Signature)

FELIPE VILA

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