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TO: DIVISION OF CORPORATIONS FROM: POWER MEDICAL EQUIPMENT, INC.
DEPARTMENT OF STATE 1000 S.W. 1 STREET, SUITE 309
STATE OF FLORIDA MIAMI FL 33135-0000
400 EAST GAINES STREET CONTACT: ROLANDO TRUJILLO
TALLAHASSEE, FL 32399 PHONE: (305) 541-0790
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((H9500008994))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: POWER MEDICAL EQUIPMENT, INC.
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ARTICLES OF INCORPORATION

OF

POWER 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: POWER MEDICAL EQUIPMENT, INC.

ARTICLE II. PRINCIPAL OFFICE

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

1800 S.W. 1 Street, Suite 309
Miami, FL 33135

ARTICLE III. SHARES

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

Rolando Fraga
1800 S.W. 1 Street, Suite 309
Miami, FL 33135

Prepared by: Rolando Fraga
1800 SW 1ST
#309
Miami, FL 33135
Tel: (305) 541-8310

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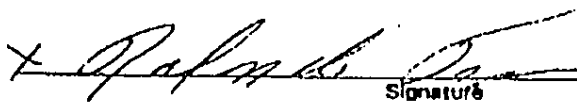
ARTICLE V INCORPORATION(S)

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

Rolando Praga, President
1800 S.W. 1 Street, Suite 309
Miami, FL 33135

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

11 day of August, 1995.



Signature

Signature

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

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

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

Rolando Fraga

(Name)

1800 S.W. 1 Street, Suite 309

(P.O. Box not acceptable)

Miami, FL 33135

(City/State/Zip)

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SECRETARY OF STATE

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.

Rolando Fraga
(Signature)

August 11, 1995

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

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