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(((H9500009255))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: NASMED MEDICAL EQUIPMENT, INC.
DEPARTMENT OF STATE 1701 S.W. 87 COURT
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33165- FL 33418-0000
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
FAX: (904) 922-4000 PHONE: (305) 541-0790
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(((H95000009255))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: NASMED MEDICAL EQUIPMENT, INC.
FAX AUDIT NUMBER: H95000009255 CURRENT STATUS: REQUESTED
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

NASMED MEDICAL EQUIPMENT, INC.

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SECRETARY OF STATE
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: NASMED MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1701 S.W. 87 Court
Miami, FL 33165

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:

Anthony Santander
1701 S.W. 87 Court
Miami, FL 33165

Prepared By:
Anthony Santander
1701 SW 87 Ct.
Miami, FL 33165
Tel: 229-8960

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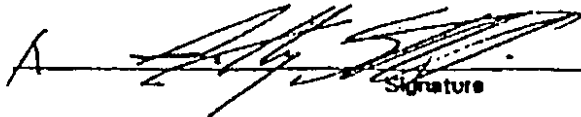
ARTICLE V INCORPORATOR(S)

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

Anthony Santander, President
1701 S.W. 87 Court
Miami, FL 33165

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

11 day of August, 19 95.


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: NASMED MEDICAL EQUIPMENT, INC.

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

Anthony Santander
(Name)
1701 S.W. 87 Court
(P.O. Box not acceptable)
Miami, FL 33165
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


(Santander)

August 11, 1995

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

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