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TRANSMITTAL LETTER

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

SUBJECT: BRIANA MEDICAL EQUIPMENT & SUPPLIES, INC  
(Proposed corporate name - must include suffix)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 DEC 29 AM 10:48


FILED

FROM: ANTONIO A. ALVAREZ  
Name (Printed or typed)

1545 MILLER RD  
Address

CORAL GABLES, FL 33146  
City, State & Zip

(305) 224-7325  
Daytime Telephone number

1/5/96  


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

ARTICLES OF INCORPORATION

OF

BRIANA MEDICAL EQUIPMENT & SUPPLIES INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS. BRIANA MEDICAL EQUIPMENT & SUPPLIES INC.

ARTICLE TWO

THE PERIOD OF ITS DURATION IS PERPETUAL.

ARTICLE THREE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS THE TRANSACTION OF ANY OR ALL LAWFUL-BUSINESS-FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA CORPORATION ACT.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS 100 OF THE PAR VALUE OF DOLLARS ( 0.00 ) EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE OF \$1000.00 CONSISTING OF MONEY, LABOR DONE OR PROPERTY ACTUALLY RECEIVED.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1545 MILLER RD, CORAL GABLES FL 33146 AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS ANTONIO A ALVAREZ

ARTICLE SEVEN

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2) AND THE NAME AND ADDRESSES OF THE PERSON OR PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRTS ANNUAL MEETING OF THE SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

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95 DEC 29 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTINUATION OF ARTICLE SEVEN.

NAME

MAILING ADDRESS

ALICIA A ALVAREZ (PRESIDENT) 1545 MILLER RD. CORAL GABLES FL. 33146.  
ANTONIO A ALVAREZ (VICE PRESIDENT) 1545 MILLER RD. CORAL GABLES FL. 33146.

A R T I C L E   E I G H T

THE BOARD OF DIRECTORS IS EMPOWERED TO MAKE, ALTER OR REPEAL THE BYLAWS OF THE CORPORATION WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUTE.

A R T I C L E   N I N E

THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

NAME

MAILING ADDRESS

ALICIA A ALVAREZ (PRESIDENT) 1545 MILLER RD. CORAL GABLES FL 33146  
ANTONIO A ALVAREZ (VICE PRESIDENT) 1545 MILLER RD. CORAL GABLES FL 33146.

(SIGNED)



A R T I C L E   T E N

THE POWERS OF THE INCORPORATORS CEASE UPON FILLING OF THE ARTICLES OF INCORPORATION.

**CERTIFICATE OF DESIGNATION 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.

FILED  
95 DEC 4 1995  
TALLAHASSEE  
STATE  
FLORIDA

1. The name of the corporation is: BRIANA MEDICAL EQUIPMENT & SUPPLIES INC.  
(must include suffix)


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

ANTONIO A ALVAREZ  
(Name)

1545 MILLER RD  
(Street address - P. O. Box not acceptable)

CORN GABLES FL 33146  
(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.*

  
(Signature)

12-4-95  
(Date)

Registered Agent filing fee \$35.00