P96000005702

ENCHA[illegible] YOUR PASSWORD TO ABANDON THIS PROCESS, ENTER 'N'.

1/17/96 FLORIDA DIVISION OF CORPORATIONS 4:06 PM
PUBLIC ACCESS SYSTEM
(((H96000000852))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H96000000852)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: HUDSON MEDICAL EQUIPMENT, INC.
FAX AUDIT NUMBER: H96000000852
CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/17/1996
TIME REQUESTED: 16:07:49
CERTIFIED COPIES: 0
CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $78.75
ACCOUNT NUMBER: 071001002335

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1/17/96 FLORIDA DIVISION OF CORPORATIONS 4:08 PM
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96 JAN 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/18

RECEIVED
96 JAN 18 AM 11:47
DIVISION OF CORPORATIONS

H96000000852

FILED
95 JAN 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
HUDSON MEDICAL EQUIPMENT, INC.

The undersigned, incorporator(s), for the purpose of forming a corporation under the Florida general corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HUDSON MEDICAL EQUIPMENT, INC
The principal place of business of this corporation shall be:

7875 Bird Road Suite #229
Miami, Fl 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 (five hundred).

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Maria del Carmen Noda
8701 SW 141 St. Apto. J8
Miami, Fl 33176
(305) 264-7252

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Maria del Carmen Noda/President
8701 SW 141 St.Apto. J8
Miami, Fl 33176

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Maria del Carmen Noda
8701 SW 141 St.Apto J8
Miami, Fl 33176

IN WITNESS WHERE OF, The undersigned incorporator(s) has(have) executed this 16 day of January 1996.

Signature(s) of Incorporator(s)

President _____
Maria del.Carmen Noda

CERTIFICATE OF DESIGNATION

REGISTERED AGENT REGISTERED OFFICE

Pursuant the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the state of Ft Florida, submits the following statement in designation the registered office/registered agents, in the state of Florida.

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

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

Maria del Carmen Noda
7875 Bird Road Ste #228
Miami, Fl 33155

FILED
95 JAN 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature _____
Title/President
Date 01/16/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE HEREBY AGREE TO ACT IN THIS CAPACITY, AND I COMPLETE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature _____

Date 01/16/96

P96000005702

5/24/96 FLORIDA DIVISION OF CORPORATIONS 9:17 AM
PUBLIC ACCESS SYSTEM
(((H96000007358))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAB-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 9-0000
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H96000007358))) DOCUMENT TYPE: BASIC AMENDMENT
NAME: HUDSON MEDICAL EQUIPMENT, INC.
FAX AUDIT NUMBER: H96000007358 CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/24/1996 TIME REQUESTED: 09:16:56
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 1 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $35.00 ACCOUNT NUMBER: 071001002335

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** ENTER 'M' FOR MENU. **
ENTER SELECTION AND (CR):

Corporation
Fenda

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96 MAY 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 MAY 24 AM 10:29
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, Maria del Carmen Noda, hereby resign as President
(Title)

of HUDSON MEDICAL EQUIPMENT, INC.

a corporation organized under the laws of the State of FLORIDA

That the corporation has been notified in writing of the resignation.

(Signature of resigning officer / director)

FILED
96 MAY 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared by: Maria Del Carmen Nora
8701 S.W. 141st St.
Miami, Fl 33176
(305) 264-7252

P96000005702

CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

5/28/96 FLORIDA DIVISION OF CORPORATIONS 9:17 AM
PUBLIC ACCESS SYSTEM
(((H96000007428))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAB-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- - --
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H96000007428))) DOCUMENT TYPE: BASIC AMENDMENT
NAME: HUDSON MEDICAL EQUIPMENT, INC.

FAX AUDIT NUMBER: H96000007428
DATE REQUESTED: 05/28/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 2
ESTIMATED CHARGE: $35.00

CURRENT STATUS: REQUESTED
TIME REQUESTED: 09:17:14
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071001002335

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FILED
96 MAY 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporate - 086 + RA
Funds

$500, 135, 671A

RECEIVED
96 MAY 28 AM 10:13
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 28, 1996

HUDSON MEDICAL EQUIPMENT, INC.
7875 BIRD ROAD
SUITE 229
MIAMI, FL 33155

SUBJECT: HUDSON MEDICAL EQUIPMENT, INC.
REF: P96000005702

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The document is illegible and not acceptable for microfilming.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

FAX Aud. #: H96000007428
Letter Number: 696A00026594

RECEIVED
96 MAY 28 PM 1:28
DIVISION OF CORPORATIONS

H96000007428

FILED
96 MAY 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

HUDSON MEDICAL EQUIPMENT, INC.
(PRESENT 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 article number(s) being amended, added or deleted)**

ARTICLE V OFFICERS DIRECTOR.

President: Carlos A Cuevas
9182 SW 41th St.
Miami, Fl 33165

Registered Agent: Carlos A.Cuevas
9182 SW 41th St.
Miami, FL 33165

I Carlos A Cuevas also accept to be the Registered Agent for Hudson Medical Equipment, Inc.

Carlos A. Cuevas

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 follow:**

THIRD: **the date of each amendment's adoption:** 05/23/96

FOURTH: **Adoption of Amendment(s) (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.**

Prepared by: Carlos A. Cuevas
9182 SW 41th St.
Miami, FL 33165
(305) 264-7252

— The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were 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 23 day of May 1996

Signature

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Carlos A Cuevas
Typed or printed name

President /Registred Agent
Title