

ENCLAVE, PLEASE ENTER YOUR PASSWORD TO ABANDON THIS PROCESS, ENTER 'M'.

1/17/96

FLORIDA DIVISION OF CORPORATIONS

4:08 PM

((H96000000852))

PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

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
PUBLIC ACCESS SYSTEM

4:08 PM

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

FLORIDA DIVISION OF CORPORATIONS

96 JAN 18 AM 11:47

RECEIVED

H960000085

**ARTICLES OF INCORPORATION
OF
HUDSON MEDICAL EQUIPMENT, INC.**

FILED
55 JUN 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H9600000852

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. JB
Miami, Fl 33176

ARTICLE VI INCORPORATOR(S)

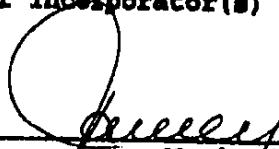
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Maria del Carmen Noda
8701 SW 141 St. Apto JB
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 Noza
7875 Bird Road Ste 422
Miami, Fl 33155

Signature _____

[Handwritten Signature]
Title: President
Date: 01/16/96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 JAN 18 PM 3:39

FILED

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 _____

[Handwritten Signature]
Date: 01/16/96

P96000005702

5/24/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

9:17 AM

((H96000007358))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

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
DATE REQUESTED: 05/24/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 1
ESTIMATED CHARGE: \$35.00

CURRENT STATUS: REQUESTED
TIME REQUESTED: 09:16:56
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071001002335

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((H96000007358))

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

Ceraodres
Linda

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

DIVISION OF CORPORATIONS

96 MAY 24 AM 10:29

RECEIVED

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

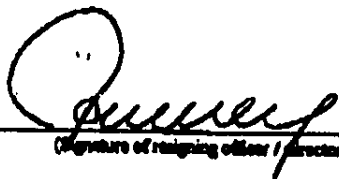
OFFICER / DIRECTOR RESIGNATION

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)

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

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

P96000005702

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

5/28/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

9:17 AM

((H96000007428))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINED STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000007428))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: HUDSON MEDICAL EQUIPMENT, INC.

FAX AUDIT NUMBER: H96000007428

CURRENT STATUS: REQUESTED

DATE REQUESTED: 05/28/1996

TIME REQUESTED: 09:17:14

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 2

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$35.00

ACCOUNT NUMBER: 071001002335

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((H96000007428))

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

*Corporation - off of RA
for note*

500, 135, 671

DIVISION OF CORPORATIONS

96 MAY 28 AM 10:13

RECEIVED

05/28/96 13:40 Fl. Dept of State pl /1



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 14:28

RECEIVED

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H96000007428

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

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

HUDSON MEDICAL EQUIPMENT, INC.
(Previous 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 Registered Agent: Carlos A. Cuevas
9182 SW 41th St. 9182 SW 41th St.
Miami, FL 33165 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

H96000007428

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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 /Registered Agent

Title