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2/02/ FLORIDA DIVISION OF CORPORATION
2:59 PM
PUBLIC ACCESS SYSTEM
((H960000001640)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: PRIME QUALITY MEDICAL SERVICES EQUIP

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

601 N.E. 2 PLACE
HIALEAH FL 33010-
CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (305) 541-4015

((H960000001640))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: PRIME QUALITY MEDICAL SERVICES EQUIPMENT, INC.
FAX AUDIT NUMBER: H96000001640 CURRENT STATUS: REQUESTED
DATE REQUESTED: 2/02/1996 TIME REQUESTED: 14:48:51
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
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ARTICLES OF INCORPORATION

OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRIME QUALITY MEDICAL SERVICES 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: PRIME QUALITY MEDICAL SERVICES EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

681 N.E. 2 Place
Hialeah, FL 33010

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:

Lazaro Esperon
681 N.E. 2 Place
Hialeah, FL 33010

Prepared by: Lazaro Esperon
681 NE. 2 Place
Hialeah, FL 33010
Tel: (305) 495-6209 H96000001640

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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):

Lazaro Esperon, PRESIDENT
601 N.E. 2 Place
Hialeah, FL 33010

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

2 day of February, 1996.

Signature President

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: PRIME QUALITY MEDICAL SERVICES EQUIPMENT, INC.

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

Lazaro Esperon
(Name)

681 N.E. 2 Place
(P.O. Box not acceptable)

Hialeah, FL 33010
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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) Registered Agent

February 2, 1996

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

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