P96000030382

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

\$-03/04/36--01101--018 +03/04/36--01101--018 +***122.50

SUBJECT: DAY + NIGHT MEDICAL EQUIPMENT, INC.

(Proposed corporate name - must include suffix)

Enclosed is an origina for:	I and one (1) co	py of the articles o	f incorporation an	d a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filling Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificato y Required	
FROM:	Name	ROES MALDONADO ame (printed or typed) N.W. 17 COURT, Ste 1		
	Cid (30.	LAKES ty, State & Zip 5) 824-96 Telephone number		M 9: 11

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

MAR 6 1996 BSB

FILED

96 MAR -4 AM 9:41

ARTICLES OF INCORPORATION

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.

DAY & NIGHT MEDICAL EQUIPMENT, INC.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

15476 N.W. 77 COURT SUITE 142 MIAMI LAKES, FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE Thousand (1.000) SHARES OF COMMONSTOCK ONE (\$1.00) PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LOURDES MALDONADO 15476 NW 77 COURT SUITE 142 MIAMI CAKES, FC 33016

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

LOURDES MALDONADO 8427 REDNOCK LANE MIAMI LAKES, FL 33016

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

28 day of FEBRUARY, 19 96.

Signature
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	DAY & NIGHT MEDICAL EQUIPMENT, INC.

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

LOURDES MALDONADO

(NAME)

ISY76 N.W.77 COURT, S-FE 142

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)

MIAMI LAKES, FL 330/6

(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 ail 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.

Loudon Maldonado FEB. 28, 1996
(SIGNATURE) (DATE)