A ER IN CHARGE 3/20 YETEN CCHI 00000 ILING COVERSHEET FROM: FAS-T CORP. AGENTS, INC. DIVIS ON T CORPORATIONS TO DEPARTMENT OF STATE 8405 NW 53RD BT STATE OF FLORIDA BUTTE C-100 409 EAST GAINES STREET 00080 MIAM1 FL 33166~ LIDIA TALLAHASSEE, FL 32399 CONTACT **FERNANDEZ** FAX1 (904) 922-4000 PHONE: (305) 599-0839 FAX: (305) 592-9591 FLORIDA PROFIT CORPORATION OR P. A. (((H96000003991))) DOCUMENT TYPE: NAME: CARDIOMEDIX CORP. CURRENT STATUB: REQUESTED FAX AUDIT NUMBER: H96000003991 TIME REQUESTED: 09:56:35 DATE REQUEBTED: 03/20/1996 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ACCOUNT NUMBER: 071001002335 ESTIMATED CHARGE: \$122.50 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000003991))) ** ENTER 'M' FOR MENU. **

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ARTICLES OF INCORPORATION

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CARDIOMEDIX CORP.

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

ARTICLE I NAME

The name of the corporation shall be: CARDIOMEDIX CORP.

The principal place of business of this corporation shall be: 5901 N.W. 151st St. Ste. #214

Miami, F1 33014

<u>ARTICLE II NATURE OF BUBINESS</u>

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: 1,000 Shares at \$1.00 Par Value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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 Padron

5901 N.W. 151st St. #214 Miami, Fl 33014

Prepared by: Maria Padron

5901 N.W. 151st St. #214.

Miami, Fl 33014 (305) 223-7544

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ARTICLE VI INCORPORATOR(A)

The name(s) and	strest address(es) of the incorporator(s) to this articles of incorpora	•
tion is(are):		

Maria Padron 5901 N.W. 151st St. #214 Miami, Fl 33014

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this _______ day of _______, 1946

Signature(s) of Incorporator(s)

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: CARDIOMEDIX CORP.	
2.	The name and address of the registered agent and office is:	SECTION TALL
	Maria Padron (NAME)	FIL MR 20
	5901 N.W. 151st St. Ste. #214 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	# 2 6757AT
	Miami, Fl 33014 (CITY/STATE/ZIP)	35. 25.

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.

Maria Pastron 3-20-96 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314