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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

FROM: MIT PRODUCTS AND SERVICE, INC.

DEPARTMENT OF STATE

6555 NW 36TH ST

STATE OF FLORIDA

SUITE 301

409 EAST GAINES STREET

VIRGINIA GARDENS FL 33166-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: CASAS MEDICAL EQUIPMENT, INC.

FAX AUDIT NUMBER: H96000004939

CURRENT STATUS: REQUESTED

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

CASAS MEDICAL 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:

CASAS MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1800 W. 49TH ST. STE. 324-C1  
HIALEAH, FLORIDA 33012

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

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PREPARED BY: MIT PRODUCTS & SERVICE, INC.  
6555 N.W. 36th St. Ste. 301  
Miami, Fl. 33166  
Phone (305) 871-0008

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ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARIA SANTOYO  
51 E. 50TH PL.  
HIALEAH, FL. 33013

ARTICLE VIINITIAL BOARD OF DIRECTOR(S)

This corporation shall have (1) (one ) director initially, The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

MARIA SANTOYO  
51 E. 50TH PL.  
HIALEAH, FL. 33013

ARTICLE VIIOFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is as follow:

MARIA SANTOYO	PRESIDENT/DIRECTOR/ TREASURER/SECRETARY	100 SHARES
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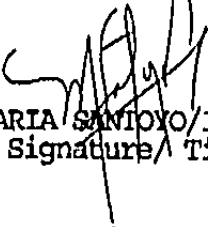
ARTICLE VIII

## INCORPORATOR(S)

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

MARIA SANTOYO  
51 E. 50TH PL.  
HIALEAH, FL. 33013

The undersigned has (have) executed these Articles of Incorporation this  
02ND Day of April, 1996

  
MARIA SANTOYO/INCORPORATOR  
Signature/ Title

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CERTIFICATE OF DESIGNATION  
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: CASAS MEDICAL EQUIPMENT, INC.

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

MARIA SANTOYO  
(NAME)

51 E. 50TH PL.  
(ADDRESS)

HAIALEAH, FL. 33013  
(CITY/STATE/ZIP)

SIGNATURE [Signature]

TITLE \_\_\_\_\_

DATE April 02, 1996

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 [Signature]

DATE April 02, 1996