

TRANSMITTAL LETTER

Department of State
Division of Corporations
409 EAST GAIN STREET,
TALLAHASSEE, FLA 32399.

SUBJECT: BELAIR MEDICAL EQUIPMENT, INC.
(proposed corporate name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -5 PM 12:19

Enclosed please find an original and one (1) copy of the articles of
incorporation for the above corporation and check in the amount of \$
122.50.

300001771023
-04/05/96--01067--008
****122.50 ****122.50

FROM:

RAUL GONZALEZ

Name

2660 S.W. 37th AVE #304

Address

MIAMI, FLORIDA 33133

City, State, & Zip

(305) 447-3768

Telephone Number

Note: Additional copy of articles is needed only when certified copy is
requested.

ARTICLES OF INCORPORATION

OF

BELAIR 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:

BELAIR MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

2660 S.W. 37th AVE #304
MIAMI, FLORIDA 33133.

ARTICLE III CAPITAL STOCK

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

100 SHARES NON PAR VALUE

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ARTICLE IV INITIAL REGISTERED AGENT

AND ADDRESS

The name and address of the initial registered agent is:

RAUL GONZALEZ
2660 S.W. 37th AVE #304
MIAMI, FLORIDA 33133.

ARTICLE V INCORPORATOR(S)

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

RAUL GONZALEZ
2660 S.W. 37th AVE #304
MIAMI, FLORIDA 33133.

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

26 day of MARCH, 1996.



PRESIDENT

Signature/Title



Signature/Title



Signature/Title

**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: BE LAIR MEDICAL EQUIPMENT, INC.

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

RAUL GONZALEZ

(NAME)

2660 S.W. 37th AVE #304

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33133.

(CITY/STATE/ZIP)

SIGNATURE [Signature]

(corporate officer)

TITLE PRESIDENT

DATE MARCH 26, 1996.

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 MARCH 26, 1996.

REGISTERED AGENT FILING FEE: \$35.00

FILED STATE
SECRETARY OF CORPORATIONS
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