P 96000052051 TRANSMITAL LETTER

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

500001865745 -06/10/96--01128--006 *****70.00 ******70.00

EFFECTIVE DATE		
SUBJECT: Laser Surgical Supp-1, Inc	11,35	
1 enclose an original and _/ copy(ies) of the Articles of Incomprate for the above corporation and a check in the amount of \$ 70.00 T.	JUN 1754 8: 19	ייייייייייייייייייייייייייייייייייייייי
FROM:		
NATHAN J. RICE		
Name		
6204 BOONE DRIVE		
Address		
TAMPA, FL 33625		
City State Zip		
(813)265-4244		
Telephone Number		

ARTICLES OF INCORPORATION OF

LASER SURGICAL SUPPLY, INC.

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

EFFECTIVE DATE

ARTICLE I -- NAME

The name of the corporation shall be:

LASER SURGICAL SUPPLY, INC.

ARTICLE II - PRINCIPAL CEFICE

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

6204 BOONE DRIVE. TAMPA, FL 33625

ARTICLE III -- CAPITAL STOCK

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

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

NATHAN J. RICE 6204 BOONE DRIVE TAMPA, FL 33625

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

NATHAN J. RICE 6204 BOONE DRIVE TAMPA, FL 33625

ARTICLE VI __ EFFECTIVE DATE

Pursuant to section 607.0123 of the Florida Statutes, the effective date of this document shall be:

JULY 1ST, 1996

NATHAN J. RICE

Certificate of Designation

Registered Agent/Registered Office

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporations, 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:

LASER SURGICAL SUPPLY, INC.

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

NATHAN J. RICE 6204 BOONE DRIVE TAMPA, FL 33625

Signature	Mathan Rice
Title:	Incomponente
Date:	me 11, 1996

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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:	Vather / Ria	
Date:	Ine 11, 1996	