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CONTACT: RAY STURMONT
PHONE: (305)541-3694 FAX #: (305)541-3770

AME: DURALIFE MEDICAL EQUIPMENT, INC.
AUDIT NUMBER.....H96000013207
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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SEP-20-1996 13:39 EMPIRE CORPORATE KIT P.02/06

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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Carri Buckley
Corporate Specialist

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P.01/06 EMPIRE CORPORATE KIT SEP-20-1996 13:30

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(5)

ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is DURALIFE MEDICAL EQUIPMENT, INC.

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TALLAHASSEE, FLORIDA

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

1.- To engage in the business of medical services.

2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.

3.- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY:
ASHLAND INSURANCE AGY, INC
608 NW 57th Avenue
Miami , FLORIDA 33126
(305) 262-4053
MICHAEL W. MURRAY

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ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be $5.00 par value.

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ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 7800 Road Road, Suite 209; South Miami, Fl 33143

and the name of its initial registered agent is

Francisco N. Lopez.

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ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is one . The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
Francisco N. Lopez	7800 Red Road, Suite 209 South Miami, Fl 33143

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
Francisco N. Lopez	7800 Red Road, Suite 209 South Miami, Fl 33143

Executed by the undersigned at MIAMI, FLORIDA,
on September 18, 19 96 .

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That DURALIFE MEDICAL EQUIPMENT, INC.
(NAME OF CORPORATION)

desiring to organize under the laws of the State of FLORIDA
(FLORIDA)

with its principal office, as indicated in the articles of incorporation at City of SOUTH MIAMI county
(CITY)

of DADE, State of FLORIDA
(COUNTRY) (STATE)

has named FRANCISCO N. LOPEZ
(NAME OF RESIDENT AGENT)

located at 7800 Road Road, Suite 209, South Miami, Fl 33143
(STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESS NOT ACCEPTABLE)

city of FLORIDA, County of DADE
(CITY) (COUNTRY)

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State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY: Francisco N. Lopez
SIGNATURE
REGISTERED AGENT
AND
INCORPORATOR

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