

97000037660
Michael C. Becker & Co.

Certified Public Accountants

1897 Palm Beach Lakes Blvd.
Suite 210
West Palm Beach, Florida 33409

West Palm Beach (561) 689-4093
Boca Raton (561) 391-0945
Miami (305) 266-6691
Fax (561) 697-4359

TRANSMITTAL LETTER

April 23, 1997

200002154652--6
-04/25/97--01021--009
*****70.00 *****70.00

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

Subject: Rob Lee Medical, Inc.

Enclosed please find the original Articles of Incorporation for the above corporation, and check in the amount of \$70.

Also enclosed is a stamped, self-addressed envelope, so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Michael C. Becker, C.P.A.

MCB/def
Enc.

FILED
97 APR 25 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26

ARTICLES OF INCORPORATION

OF

Rob Lee Medical, Inc.

FILED
97 APR 25 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Rob Lee Medical, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1755-E Linton Lakes Drive
Delray Beach, Florida, 33445

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) and the par value is \$.01 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Leon Dufresne
1755-E Linton Lakes Drive
Delray Beach, FL 33445

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

97 APR 25 PM 4: 23

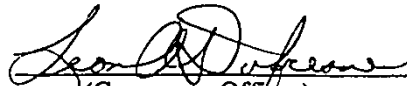
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 agent/registered office, in the state of Florida.

1. The name of the corporation is: Rob Lee Medical, Inc.
2. The name and address of the registered agent and office is:

Leon Dufresne
1755- E Linton Lakes Drive
Delray Beach, FL 33445

SIGNATURE: _____



(Corporate Officer)

TITLE: Director

DATE: April 23, 1997

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: _____



DATE: April 23, 1997


REGISTERED AGENT FILING FEE: \$35.00

ARTICLE V - INCORPORATOR

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

Leon Dufresne
1755-E Linton Lakes Drive
Delray Beach, FL 33445

The undersigned has executed these Articles of Incorporation this 23rd day of April, 1997.



SIGNATURE

TITLE: Director