



ALPHA-MED TECHNOLOGIES INC.

P. O. Box 381167

Murdock, FL 33952

P97000042231

Toll Free (888) 268-3900

Phone (941) 697-7677

Fax (941) 697-2291

May 09, 1997

Bobbie Cox
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

400002177114--8

-05/13/97--01090--001

****122.50 ****122.50

Dear Bobbie,

As per our telephone conversation May 5, 1997,
enclosed is the check for \$122.50 to be applied to Alpha-Med
Technologies, inc. This check is to obtain a certified copy of the
companies articles.

Sincerely,

Susan E. DeMers

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97 MAY 13 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-10180
BC 5/13

"The Flexible Alternative"

ARTICLES OF INCORPORATION

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:

ALPHA-MED TECHNOLOGIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 381167
MURDOCK, FL 33988
2508 Quail Terrace
Port Charlotte, FL, 33981

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan DeMers
2508 Quail Terrace
Port Charlotte, FL 33981

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Susan Demers, Officer, Pres, Secy, Treas
2508 Quail Terrace
Port Charlotte, FL 33981

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

28 day of April, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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 ALPHA-MED TECHNOLOGIES, INC.

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

Susan DeMers
(NAME)
2508 Quail Terrace
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Port Charlotte, FL 33981
(CITY/STATE/ZIP)

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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)

4/28/97
(DATE)