TANSM TALESTER OF THE STATE OF

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

500002253035--1 -07/30/97--01103--006 ******78.75 ******78.75

Tallahassee, FL 32314			******78.75	****
SUBJECT:		MEDICAL EQU Orporate name - must include		IC -
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: _	JOSE ANTO	ADDITIONAL CO	PPY REQUIRED	
-		26 Way Address	SECRL TALLANA	
-	Orlando dis	State & Zip	SKEEL FLOR	FILED
-	407 - 282- 7944 Daytime T	407 - 298-C	D914 Bri	డ

NOTE: Please provide the original and one copy of the articles.

ENDA

97 FILED SECULOSO PILO: 30 PALLAHASSE LONGA 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 AMERICAN MEDICAL EQUIPMENT, INC The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 4400 Bayou blud SUITE 52-A PENSACOLA, FL. 32503 ARTICLE III SHARES 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 STREET ADDRESS The name and Florida street address of the initial registered agent are: José Antonio Perez 4400 Boyou blub suite 52-A pensacola, pl 32503 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:

ARTICLES OF INCORPORATION

JOSE ANTONIO Perez

nature/Incorporator

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

4400 Bayon blud syste 52-A PENSACOLA, PL 32503

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

ggature/Registered Agent