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8/20/97

FLORIDA DIVISION OF CORPORATIONS
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((H97000013768 1))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001
FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839 FAX #: (305)716-0346
NAME: MOGLY ORTHO AND DME CORP.
AUDIT NUMBER.....H97000013768
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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97 AUG 21 08:10:55
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

MOGLY ORTHO AND DME CORP

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

97 AUG 21 AM 10:55
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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: MOGLY ORTHO AND DME CORP

The principal place of business of this corporation shall be:
11160 SW 71 LANE MIAMI FL 33173

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHARES AT ONE DOLLAR (1.00) PER SHARE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JULIO RUIZ

11160 SW 71 LANE MIAMI FL 33173

RICHARD E WALKES

1280 ALIBABA AVE OPALOCKA FL 33054

Prepared by: Dora E. Gonzalez
7080 W. 16th Ave.
Hialeah, Fl 33014
(305) 557-5090

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ARTICLE VI INCORPORATOR(S)

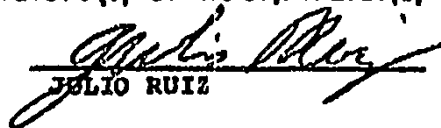
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JULIO RUIZ 11160 SW 71 LANE MIAMI FL 33173

RICHARD E WALKES 1280 ALIBABA AVE OPALOCKA FL 33054

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this TWENTY day of AUGUST, 1997.

Signature(s) of Incorporator(s)



JULIO RUIZ

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

97 AUG 21 AM 10:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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:

MOGLX ORTHO AND DME CORP

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

JULIO RUIZ 11160 SW 71 LANE

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33173

(CITY/STATE/ZIP)

SIGNATURE

Julio Ruiz
JULIO RUIZ

TITLE PRESIDENT

DATE AUGUST 20, 1997

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Julio Ruiz
JULIO RUIZ

DATE 8-20-97

H97000013768