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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2004

JIM SCHWARTZ, ESQ. 235 N GARDEN AVENUE CLEARWATER, FL 33755

SUBJECT: QUALITY MEDICAL NEEDLES, INC.

Ref. Number: P97000085921

We have received your document for QUALITY MEDICAL NEEDLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of merger or articles of share exchange is \$35 per party to the merger or share exchange. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a fee of \$35.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 304A00071923

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Quality Medical Needles, Inc.	
(Name of surviving	corporation)
The enclosed merger and fee are submitted for fill	ing.
Please return all correspondence concerning this r	matter to the following:
Jim Schwartz, Esq.	
(Name of person)	
(Name of firm/company)	
235 No. Garden Ave	
(Address)	
Clearwater, FL 33755	
(City/state and zip code)	
For further information concerning this matter, ple	ease call:
Jim Schwartz	at (727) 441-3334
(Name of person)	(Area code & daytime telephone number)
	r page for each page over 8, not to exceed a maximum of your document if a certified copy is requested)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines St.
Tallahassee, FL 32314	Tallahassee, FL 32399

ARTICLES OF MERGER

(Profit Corporations)

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, F.S.

First: The name and jurisdiction of the surviving corporation:

Name	<u>Jurisdiction</u>	Document Number (If known/ applicable)
Quality Medical Needles, Inc.	Florida	P97000085921
Second: The name and jurisdiction of	of each merging corporation:	
Name	<u>Jurisdiction</u>	Document Number (If known/ applicable)
Medi-Rent, Inc.	Florida	L45124
		05 JAN 13 SEE P
Third: The Plan of Merger is attached. Fourth: The merger shall become ef Department of State.		of Merger are filed with the Florida
	specific date, NOTE: An effective of days in the future.)	date cannot be prior to the date of filing or more
Fifth: Adoption of Merger by survi The Plan of Merger was adopted by the		
The Plan of Merger was adopted by the plan of Merger was adopted by the plan of the plan o	ne board of directors of the sur- holder approval was not requir	
Sixth: Adoption of Merger by mergi The Plan of Merger was adopted by the		ONLY ONE STATEMENT) corporation(s) onDecember 10, 2004
The Plan of Merger was adopted by the	ne board of directors of the mer holder approval was not requir	- · · · ·

(Attach additional sheets if necessary)

PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, F.S. and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the <u>surviving</u> corporation: **Name Jurisdiction** Quality Medical Needles, Inc. Florida Second: The name and jurisdiction of each merging corporation: Jurisdiction <u>Name</u> Medi-Rents, Inc. Fiorida Third: The terms and conditions of the merger are as follows:

upon the merger, the merged corporation shall cease to exist and shall continue as the surviving corporation.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

for share that the shareholders of the merging corporation trelinquish in this merger, they shall receive a crresponding number of the surviving corporations shares.

(Attach additional sheets if necessary)

, Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation	<u>Signature</u>	Typed or Printed Name of Individual & Title
Quality Medical Needles,Inc	Jones & Ham Deeph 2 Ham	Joseph E. Harms
Medi-Rents, Inc.	Cuph 2 Horas	Joseph E. Harms
		######################################
		