

P98000001025

December 29, 1997

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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-01/02/98--01078--020
*****70.00 *****70.00

Re: SILVER CROSS MEDICAL, INC.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Silver Cross Medical, Inc. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,

David Hendricks

David Hendricks
26834 Carla Place, Lutz, FL 33549

FILED
98 JAN -2 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 1/6/98

ARTICLES OF INCORPORATION

FILED

98 JAN -2 PM 1: 14

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SILVER CROSS MEDICAL, INC.

ARTICLE I

The name of the Corporation is Silver Cross Medical, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 6419-B Gall Blvd., Zephyrhills, FL 33541.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

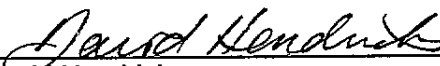
The address of the initial registered office of the Corporation is 6419-B Gall Blvd., Zephyrhills, Florida 33541, and the name of the Corporation's initial registered agent for service of process at such address is David Hendricks.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
David Hendricks, 26834 Carla Place, Lutz, FL 33549.

IN WITNESS WHEREOF, I have hereunto set my hand this 31 day of

December, 1997.


David Hendricks
26834 Carla Place, Lutz, FL 33549

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Silver Cross Medical, Inc.
2. The name of the registered agent and office is:

David Hendricks
6419-B Gall Blvd., Zephyrhills, Florida 33541

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 David Hendricks
DATE 12/31/97

FILED
98 JAN -2 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA