AZARUS CORPORATE FILING SERVI	123888 CE, INC.
(Requestor's Name) 3320 S.W. 87th AVENUE	
(Address) MIAMI, FLORIDA (305)552-597 (City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASS	OFFICE USE ONLY
1. BIOMEDICAL (Corporation Name)	CUMENT NUMBER(S) (if known): SPECIALTIES** / NC.
Corporation Name) 3.	(Document #) 100025050315 -04/29/3801053015 ****122.50 ****122.50
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS	Certified Copy Certificate of Status AMENDMENTS (Document #) ASECRE 1ARY 05 STATE Continue of Status AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger P P P P P P P P P P P P P P P P P P P
OTHER FILNGS	REGISTRATION/ QUALIFICATION Foreign Limited Partnership
Annual Report 1	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
1410	Trademark
	Other Examiner's Initials

ARTICLES OF INCORPORATION

OF

Biomedical Specialties, Inc.

98 APR 29 PM 2: 03
SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Biomedical Specialties, Inc.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
 To have perpetual succession by its corporate name;

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The aggregate number of shares which the corporation shall have authority to issue is the total sum of (100) one hundred shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corpora-

tion shall be:

Christine Sanchez 6001 N.W. 153rd St. Suite #180 Miami Lakes, Florida 33014

The Principal office shall be:

6001 N.W. 153rd St. Suite #180 Miami Lakes, Florida 33014

ARTICLE VI

The initial Board of Directors shall consist of a total of () person, and the name and address of the person who is to serve as an initial director is:

Christine Sanchez 6001 N.W. 153rd St. Suite #180 Miami Lakes, Florida 33014 The name and address of the incorporator executing these Articles of Incorporation is:

Christine Sanchez 6001 N.W. 153rd St. Suite #180 Miami Lakes, Florida 33014

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 20th day of _______, 19_98_.

STATE OF FLORIDA)

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowladgements in the state and county set forth above, personally
appeared Christine Sanchez known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 20th day of April , 1998.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

Y. S. DIAZ
COMMISSION # CC 567581
EXPIRES JUN 26, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

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.

The name of the corporation is:_	Biomedical Specialties, Inc.
The name and address of the reg	gistered agent and office is:
Christine	Sanchez
(NA	ME)
6001 N.W.	153rd St. Suite #180
(P.O. BOX <u>N</u>	OT ACCEPTABLE)
Miami Lak	es, Florida 33014
(CITY/	STATE/ZIP)

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.

DATE April 20, 1998

98 APR 29 PH 2: 03
SECRETARY OF STATE
TALLAHASSEF ET STATE