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Examiner's Initials

ARTICLES OF INCORPORATION

OF

PRODUCTOS MEDICOS DEL CARIBE, PRODUMEDCA, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following CORPORATION

ARTICLE I NAME

The name of the corporation shall be:

PRODUCTOS MEDICOS DEL CARIBE, PRODUMEDCA, INCORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2920 OSLO AVENUE, COOPER CITY, FLORIDA, 33026

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALEX TERAN

2920 OSLO AVENUE, COOPER CITY, FLORIDA, 33026 ARTICLE V INCORPORATOR(S)

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

ALEX TERAN

2920 OSLO AVENUE, COOPER CITY, FLORIDA, 33026

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 15 day of OCTOBER , 1998 .

Signature

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/agent, in the State of Florida.

The name of the corporation is:

PRODUCTOS MEDICOS DEL CARIBE, PRODUMEDCA, INC.
The name and address of the registered agent and office is:

ALEX TERAN

2920 OSLO AVENUE, COOPER CITY, FLORIDA, 33026

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in his 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,

Date,

SOCTOBER 1998.

98 OCT | 9 PM |: 39
SECRETARY OF STATE
TALLAHASSEE FLORID!