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 LOCAL REPRESENTATIVE TALLAHASSEE

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 -05/07/99-01086-002
 *****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- UNIVERSAL MEDICAL EQUIPMENT CORP.
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

- Walk in Pick up time 9:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

99 MAY 10 AM 11:50
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

489-10752
 RECEIVED
 99 MAY -7 AM 11:28
 5/10

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 7, 1999

LAZARUS

MIAMI, FL

SUBJECT: UNIVERSAL MEDICAL EQUIPMENT CORP.
Ref. Number: W99000010752

We have received your document for UNIVERSAL MEDICAL EQUIPMENT CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 299A00025164

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 MAY 10 AM 11:27

RECEIVED

ARTICLES OF INCORPORATION

99 MAY 10 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.

ARTICLE II PRICIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10447 SW 108 AVE # E177
MIAMI, FL 33176

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS

The name and address of the initial registered agent is:

JOEL BOZA
UNIVERSAL MEDICAL EQUIPMENT
10447 SW 108 AVE #E177
MIAMI, FL 33176

ARTICLE V INCORPORATOR(S)

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

JOEL BOZA
UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.
10447 SW 108 AVE #E177
MIAMI, FL 33176

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JOEL BOZA (P)
UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.
10447 SW 108 AVE #E177
MIAMI, FL 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6 day of MAY, 1999.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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: _____
UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.

2. The name and address of the registered agent and office is:
UNIVERSAL MEDICAL EQUIPMENT (JOEL BOZA)

(NAME)
10447 SW 108 AVE # E177

(P.O. BOX NOT ACCEPTABLE)
MIAMI FLORIDA 33176

(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.

SIGNATURE _____

261

DATE _____

MAY 6 /1999

99 MAY 10 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00