

TRANSMITTAL LETTER  
P9000072808

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-08/11/99--01083--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: XAVIER GRUNAUER  
Name (Printed or typed)  
2247 W. 53 PL..  
Address  
HIALEAH, FL. 33016  
City, State & Zip  
305-3626936  
Daytime Telephone number

FILED  
99 AUG 11 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

OF

A.I. MEDICAL EQUIPMENT , CORP.

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:

A.I. MEDICAL EQUIPMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

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

6466 S.W. 15 ST.  
MIAMI, FL. 33144

ARTICLE III CAPITAL STOCK

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

50 Shares at \$ 10 ea.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IVONNE AGUILAR  
6466 S.W. 15 ST.  
MIAMI, FL. 33144

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TALLAHASSEE, FLORIDA

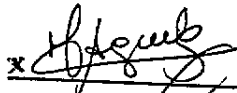

**ARTICLE V INCORPORATOR(S)**

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

IVONNE AGUILAR ( PRESIDENT ) ,  
6466 S.W. 15 ST.  
MIAMI, FL. 33144

JOSE A. AGUILAR ( VICEPRESIDENT )  
6466 S.W. 15 ST.  
MIAMI, FL. 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
SECOND day of AUGUST, 19 99.

x   
\_\_\_\_\_  
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: A.I. MEDICAL EQUIPMENT, CORP.

2. The name and address of the registered agent and office is:

IVONNE AGUILAR

(NAME)

6466 S.W. 15 ST.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33144

(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 *Ivonne Aguilar*

DATE 8/2/99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

REGISTERED AGENT FILING FEE: \$25.00