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August 23, 1999

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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-08/25/99-01046-006
*****70.00 *****70.00

Subject: Federal Medical Supplies, Inc.

To Whom It May Concern:

Enclosed please find an original and one (1) copy of the articles of incorporation and a check for seventy dollars (\$70.00) for the filing fee.

Cordially yours,

Christopher J. Whitelock
300 Southeast Thirteenth Street
Fort Lauderdale, Florida 33316
(954) 463-2001

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CB
2-28-99
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FEDERAL MEDICAL SUPPLIES, INC.
ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I

The name of the corporation shall be Federal Medical Supplies, Inc. and the general nature of the business shall be to engage in any lawful act permitted under the laws of the United States of America and of the State of Florida.

ARTICLE II

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

3800 S. Ocean Drive
Suite G-5
Hollywood, Florida 33019

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding is one hundred (100) shares having a par value of one dollar (\$1.00) each

ARTICLE IV

The name and address of the initial registered agent is Christopher Whitelock, 300 S.E. 13th St., Fort Lauderdale, Florida, 33316.

ARTICLE V

The names and street address of the incorporators to these Articles of Incorporation are Christopher Whitelock, 300 S.E. 13th St., Fort Lauderdale, FL 33316.

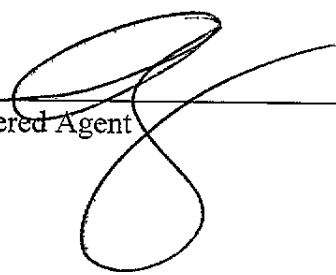
The undersigned incorporator/s have executed these Articles of Incorporation this

23 day of AUG-UST, 19 99



Signature, Christopher J. Whitelock

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.



Registered Agent

8-23-99
Date

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TALLAHASSEE FLORIDA