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TRANSMITTAL LETTER

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

SUBJECT: SouthTech Medical Corporation

I enclose an original and one copy of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

SIGNED: Ida anderson

From:

Ida Anderson

5769 SE Pine Dr.

Stuart, FL 34997

99 OCT 25 PM 12: 53

CH 10/26/99

ARTICLES OF INCORPORATION

OF

SouthTech Medical Corporation

ARTICLE I NAME

The name of the corporation shall be: SouthTech Medical Corporation

ARTICLE II PRINCIPAL OFFICE

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

1118 Raymond Ave.

Ft. Pierce, FL 34950

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Ida Anderson

5769 SE Pine Dr.

Stuart, FL 34997

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Ida Anderson

5769 SE Pine Dr.

Stuart, FL 34997

The undersigned has executed these Articles of Incorporation this seventh day of October 1999.

Ida Anderson, Incorporator

FILED 99 OCT 25 PM 12: 53 SALLAHRSAL PALINIBA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

SouthTech Medical Corporation

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

Ida Anderson

5769 SE Pine Dr.

Stuart, FL 34997

99 OCT 25 PM I2: 53

signature: ______

Ida Underson

Title: Incorporator

Date: 10/7/99

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: <u>Jola Anderson</u>

Date: <u>10/7/99</u>

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