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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

ALL PURPOSE MEDICAL EQUIPMENT, INC.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 2, 1999

FAS-T

SUBJECT: ALL PURPOSE MEDICAL EQUIPMENT, INC.
REF: W99000025291

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE REGISTERED AGENTS NAME NEEDS TO BE ONE THE CERTIFICATE PAGE.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H99000027799
Letter Number: 799A00052699

ARTICLES OF INCORPORATION
OF

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

ARTICLE I NAME

The name of the corporation shall be:

ALL PURPOSE MEDICAL EQUIPMENT, INC.

The principal place of business of this corporation shall be: 11117 W. OKEECHOBEE RD. SUITE# 115 HIALEAH GARDENS, FL 33018

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 shares at \$1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

VIVIAN M. RODRIGUEZ
16406 Turquoise Trail
Weston, FL. 33331

Prepared By:
PARADISE INSURANCE AGENCY
11117 W. OKEECHOBEE RD. SUITE # 116
HIALEAH GARDENS, FL 33018

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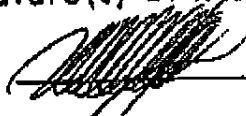
ARTICLE VI INCORPORATOR(S)

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

Vivian M. Rodriguez
16406 Turquoise Trail
Weston, Fl 33331

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 1st day of NOVEMBER 1999

Signature(s) of Incorporator(s)



Vivian M. Rodriguez

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

ALL PURPOSE MEDICAL EQUIPMENT, INC.

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

11117 W. Okechobee RD. Suite# 115 VIVIAN RODRIGUEZ

(P.O. BOX NOT ACCEPTABLE)

Hialeah Gardens, Fl 33018

(CITY/STATE/ZIP)

SIGNATURE 

TITLE President

DATE 11/1/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 11/1/99

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TALLAHASSEE, FLORIDA