OFFICE ! LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Rick up time 200 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status ↑ NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

## ARTICLES OF INCORPORATION

OF

## V.A. MEDICAL EQUIPMENT, INC.

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:

V.A. MEDICAL EQUIPMENT, INC.

#### ARTICLE II PRINCIPAL OFFICE

This principal place of business and mailing addess of this corporation shall be:

8103 CAMTNO REAL # C-113 MIAMI, FLORIDA 33143

## ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH.

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

VIVTAN ALFONSO 8103 CAMINO REAL # C-113 MIAMI, FLORIDA 33143



# 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.

1The name of the corporation is: V.A. MEDICAL EQUIPMENT; INC.
2The name and address of the registered agent and office is:  VIVIAN ALFONSO
(NAME)
8103 CAMINO REAL # C-113
(P.O. BOX NOT ACCEPTABLE)
MIAMT, FLORIDA 33143
(CITY/STATE/SIP)
SIGNATURE U. Ullows
(Corporate Officer)
TITLE PRESTDENT
DATE NOVEMBER 12,1999.
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 registere agent and agree to act in this capacity, I further agree to complete 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
DATE NOVEMBER 12,1999.



## ARTICLE V-INCORPORATOR (S)

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

VIVIAN ALFONSO-D/P/S/T.-8103 CAMINO REAL # C-113 100% SHARES MIAMI, FLORIDA. 33143

The undersigned has (have) executed these Articles of Incorporation this:

12 day of NOVEMBER ,19 99

Signature/Title
PRESIDENT

Signature/Title

Signature/Title