CAPITAL CONNECTION, INC. inia Street, Suite 1 • Tallahassee, Florida 32302 Art of Inc. File_ LTD Partnership File_ Foreign Corp. File_ L.C. File_ Fictitious Name File Trade/Service Mark Merger File_ Art. of Amend. File RA Resignation_ Dissolution / Withdrawal_ Amual Report / Reinstatement Cert. Copy_ Photo Copy_ Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search_ Officer Search Fictitious Search_ Fictitious Owner Search_ Signature Vehicle Search_ Driving Record_ UCC 1 or 3 File_ Requested by: UCC 11 Search_ Time Date Name UCC 11 Retrieval

Courier_

Will Pick Up

Walk-In

ARTACLES OF INCORPORATION

Signature/Registered Agent

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

ARTICLE I NAME
The name of the corporation shall be:
MEDICAL DEVICES RESOURCES, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
211 LAVE POINTE DIZIUE, SUITE 110
CAKLAND PARK, FLORIDA 33309
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Capital Connection, Inc., 417 E. Virginia St., Suite 1,
Tallahassee, FL 32301.
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ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
DENNIS D. QUARANTEILO
ZII LAKE POINTE DRUE, SUITE 10
BAKYAND PARKI FLORIDA 33309
1217,99
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
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