Department of State

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

5000**03077885**----8 -12/22/99--01050--008 ******78.75

SUBJECT:	BREATH	OF LIFE-CPR SERVICES, INC.		
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee	2 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Name (Printed or typed) 2921 FOLKLORE DR Address				

NOTE: Please provide the original and one copy of the articles.

WAA 29587

ARTICLES OF INCORPORATION

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:

BREATH OF LIFE- & PR SERVICES, INC.



ARTICLE II PRINCIPAL OFFICE

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

2921 FOLKLOREDR VALRICO, FLORIDA 33594

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHOLAS W. DICKERSON

29121 FOLKLORE DR

VALRICO, FL 33594

ARTICLE V INCORPORATOR

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

NICHOLAS W. DICKERSON

2921 FOLKLONE DR

VALRICO, FL 33594

Signature/Incorporator

Dotal Ports

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

Signature/Registered Agent