

P. 96000051595

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE 16
Address

MIAMI, FLORIDA 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ^{Professional equipment}
A.C.M. MEDICAL SUPPLY, INC.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

800001859668
-06/12236--D1050--029
****122.50 ****122.50

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

- Walk in Pick up time 2:00
 Mail out Will wait Photocopy

- Certified Copy
 Certificate of Service

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 17 PM 3:50

06 JUN 12 AM 10:21

DIVISION OF CORPORATION

FILED

RECEIVED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W96-12519



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 12, 1998

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVE., STE. 18
MIAMI, FL 33174

SUBJECT: A & M MEDICAL SUPPLY, INC.
Ref. Number: W96000012519

We have received your document for A & M MEDICAL SUPPLY, INC. and your check(s) totalling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 496A00029313

RECEIVED
56 JUN 17 PM 3:04
DIVISION OF CORPORATIONS

FILED
25 JUN 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

A & M PROFESSIONAL EQUIPMENT, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

A & M PROFESSIONAL EQUIPMENT, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate name; A & M PROFESSIONAL EQUIPMENT, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ARIEL SANCHEZ TOLEDO
7924 EAST DR. STE 404
NORTH BAYVILLAGE
MIAMI, FL. 33141

The principal office shall be:

1000 PONCE DE LEON BLVD.
SUITE 331
CORAL GABLES, FL 33134

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) person, and the name and address of the person who is to serve as an initial director is:

ARIEL SANCHEZ TOLEDO
7924 EAST DR. STE 404
MIAMI, FL 33141

50%

PRESIDENT

JOSE MANUEL FIDALGO
8481 SW 35 TERR.
MIAMI FL 33155

50%

SECRETARY-TREASURER

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

ARIEL SANCHEZ TOLEDO
7924 EAST DR. STE. 404
NORTH BAYVILLAGE
MIAMI, FL 33141

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 11th day of JUN^y 1996


ARIEL SANCHEZ TOLEDO

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared ARIEL SANCHEZ TOLEDO Known to me and known by me to be the person(s) who executed the foregoing Article of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 11 day of JUN^e 1996

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission Expires:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

A & M PROFESSIONAL EQUIPMENT, INC.

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

ARIEL SANCHEZ TOLEDO
7924 EAST DR. STE. 404
NORTH BAYVILLAGE
MIAMI, FL. 33141

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

JUNE 11, 1996

FILED
96 JUN 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA