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# **LAZARUS**

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CORPORATION NAME(S) & DOCUM	
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Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report	REGISTRATION/QUALIFICATION  Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark Other

Examiner's Initials

# ECRETARY OF STATE LLAHASSEE, FLORID, ARTICLES OF INCORPORATION

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:

A.D ProFessional Health provider CORP

ARTICLE II - PRINCIPAL OFFICE

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

531 E 59 ST HigleaH F.L 33013

## - ARTICLE III -SHARES

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

100

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Angel DiAZ 531 E 59 ST HigleaH F.L 33013.

#### <u>ARTICLE V - INCORPORATOR</u>

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

Angel DiAZ 531 E 59 ST HialeaH F.L 33013

The undersigned incorporator has executed these Articles of Incorporation this 10 day of JANJARY 2008

Signature

# **ARTICLE VI- DIRECTOR(S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Angel DIAZ (Prosident)

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

In the section