MANAMORE

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LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name)	
890 S.W. 87 AVENUE #16	150 (FILE) 1615 - 1625 - 1641 (FILE) 1815 - 1614 (FILE) 1635 - 1641
(Aldress) MTAMI, FLORIDA 33174 (305)552-5973	**************************************
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
904) 385-6735	
CORPORATION NAME(S) & DOCUMENT NUMB	BER(S) (if known):
1. RELIABLE +16,267H	(Document #)
2. (Corporation Name)	(Document #)
3.	(Document #)
(Corporation Name)	(Document #)
1. (Corporation Name)	(Document #)
Walk in Pick up time	(Document #)
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Mail out Will wait Photocopy	Certificate of Status
NEW FILINGS AMENDME	NTS
Profit Amendment	
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Limited Liability Change of Registe	
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Other Merger	r./
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Annual Report Foreign	
Fictitious Name Limited Partnershi	ip .
Name Reservation Reinstatement	
Tundamark	

Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 4, 1995

LAZARUS

MIAMI, FL

SUBJECT: RELIABLE HEALTH CARE INC.

Ref. Number: W9500000170

We have received your document for RELIABLE HEALTH CARE INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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 the enclosed check for \$122.50 or a newly issued check with your corrected document.

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 (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 995A00000259

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15,04

ARTICLES OF INCORPORATION

QΕ

INMOVATIVE HEALTH CARE 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 Incorpora

ARTICLE I NAME

The name of the corporation shall be:

"Innovative HEALTH CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

MIAMI F/A. 33144

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding

100 x \$10.00 = 1000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

Merceves leoner

8568 2W 85T MIAMI F/A 33144

ARTICLE V INCORPORATOR(5)

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

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

01	day of19_95.
	x WIN
	/ Signature
	Signature Signature

CERTIFICATE OF DESIGNATION BEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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

1. The name	agont,	in the	State
The name of the corporation is The land			
1. The name of the corporation is, INNOVATIVE HER)LTH		
2. The name and address of the registered agent and office is:	 -	·	· · · · · · · · · · · · · · · · · · ·
Mercedes Gorer LAU. (NAME)	<u>:</u>	in G1	
(NAME)		1	-]
(P.O. BOX NOT ACCEPTABLE)			
MOL ACCEPTABLE)		- 19-	
CITYIOTA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>S</u>	. '
(CITY/STATE/ZIP)	-		·

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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-

SIGNATURE X 1/2/24	
DATE 01-03-95	

P95000000856

LAZARUS CORPORATE INDUSTRIES, INC.	
(Requestor's Name)	2000013923* -01/30/9501011029
890 S.W. 87 AVENUE 816	*****35.00 *****35.
(Aldress) MIAMI, FLORIDA 33174 (305)552-5973	
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
(904)385-6735	
CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
1. INNOVATIVE HEALTH	Calle Tax
1. INNOVATORE HEALTH	(Document #1
2. (Corporation Name)	(Unicisal)
3.	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	
Walk in Pick up time 2/30	(Document #)
PE Walk in [7] Pick up time (2700)	Certified Copy
Mail out Will wait Photocopy	
	Certificate of Status ASSET C
NEW FILINGS AMENDME	
Profit X Amendment)RD 2: 2
NonProfit Resignation of R.	A., Officer/Director
Limited Liability Change of Registe	ered Agent
Domestication / Dissolution/Withdr	awal
Other Merger	
1 5 5	7.
OTHER FILINGS / REGISTRATION	W 3/5
Annual Report QUALIFICATION	
Fictitious Name Foreign	
Name Reservation Limited Partnership	
Reinstatement	
Trademark	
Other	

CR2E031(9/92)

Examiner's Initials

ARTICLES OF AMENDMENT

OF

ARTICLES OF INCORPORATION

OF



ININOVIPTIVE	HEulth	Care	Juc			
(present name)						

Purmant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRS	added or deleted)
1.	Mew Director NELSON Matin 8568 SW 8 ST.
	OND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:
ווודד	RD: The date of each amendment's adoption: 1/20/95.
ľOU	IRTH: Adoption of Amendment(s) (check one)
X	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by" (voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed thi	s 20	day of _	JANUARY	,	, 19, <u>95 ·</u>	_•
Ву		W.	In In			
•	(Chairmar other offi	or Vice Ch	airman of the Board od by the shareh	ard of Director olders)	s, President or	
			rator if adopted b			rs)
,						
		HERCE	065 60	, 116-2.		
		(Тур	ed or printed nan	no)		
		Pie	sipent			
-	-	-	(Tida)			

SIGNATURE Affai.