

P9500006620

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)  
1110 S.W. 117 AVENUE #16  
(Address)  
MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

900001392478  
-01/30/95--01030--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

(904) 385-6735

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

1. HEALTH AIDE Medical Centers Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certified Copy ☐ Certificate of Status

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

WAS-1651  
1/25/95

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 24, 1995

LAZARUS

MIAMI, FL

SUBJECT: "HEALTH AIDE, INC."  
Ref. Number: W95000001651

We have received your document for "HEALTH AIDE, INC." . 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 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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 895A00002952

ARTICLES OF INCORPORATION

OF

HEALTH AIDE MEDICAL RENTALS, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HEALTH AIDE MEDICAL RENTALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1121 SW. 122<sup>ND</sup> AVE #306  
MIAMI, FL 33184

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares all of which shall be common shares with a par value of One (\$1.00) Dollar.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARLOS AMADOR  
1121 SW. 122 AVE. #306  
MIAMI, FL 33184

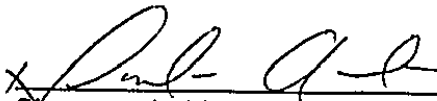
ARTICLE V INCORPORATOR(S)

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

100%  
CARLOS AMADOR  
1121 S.W. 122 AVE. #306  
MIAMI, FL 33184

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

23 day of JAN, 1995.

x  D/P/V/T/S  
Signature / Title

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Signature / Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: HEALTH AIDE MEDICAL RENTALS, INC.
2. The name and address of the registered agent and office is:

1121 S.W. 122 Ave #306  
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33184  
(CITY / STATE / ZIP)

SIGNATURE X [Signature]  
(CORPORATE OFFICER)

TITLE : D/P/V/S/T

DATE : 1/23/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE X [Signature]

DATE : 1/23/95

RECEIVED  
57 JUN 25 PM 2:44  
TALLAHASSEE, FLORIDA