

P95000010626

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.  
 (Requestor's Name)  
 800 S.W. 87 AVENUE #16  
 (Address)  
 MIAMI, FLORIDA 33174 (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

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

1. PINE MEDICAL SUPPLIES, INC.  
 (Corporation Name) (Document #)

2. \_\_\_\_\_  
 (Corporation Name)

3. \_\_\_\_\_  
 (Corporation Name)

4. \_\_\_\_\_  
 (Corporation Name)

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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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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**ARTICLES OF CORPORATION  
OF**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -8 PM 1:53

**PINE MEDICAL SUPPLIES, 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 Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**PINE MEDICAL SUPPLIES, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

5080 E. 4 AVE.  
HIALEAH FL. 33013

**ARTICLE III CAPITAL STOCK**

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

**100 SHARES OF \$5.00 EACH (\$500.00)**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:  
LAZARO PINO 5080 E. 4 AVE, HIALEAH FL. 33013

## **ARTICLE V INCORPORATOR (S)**

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

**LAZARO PINO 5080 E. 4 AVE ,HIALEAH FL. 33013**

**The undersigned has (have) executed these Articles of Incorporation This 5 of FEBRUARY, 1995**

Lazaro Pino  
Signature/President

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Signature/Title

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Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED 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 Florida.

1. The name of the corporation is:  
PINE MEDICAL SUPPLIES, INC.
2. The name and address of the registered agent and office is:  
LAZARO PINO 5080 E. 4 AVE HIALEAH FL.33013

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 Lazar Pino

DATE 10-6-95