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LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)

890 S.W. 87 AVENUE #16
(Address)

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

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

FILED
95 FEB 23 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. NEW-MED. SERVICES, INC. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

[X] Walk in [X] Pick up time 9:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

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DIVISION OF CORPORATIONS

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

AH6 2-23

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

OF

NEW-MED. SERVICES, 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.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NEW-MED. SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

10550 NW 77th CT. SUITE 301,302
HIALEAH GARDENS, FL. 33016

ARTICLE III CAPITAL STOCK

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

FIVE HUNDRED (500) SHARES OF ONE DOLLAR ($1.00) PAR VALUE COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ABEL DE LA ROCHA
10550 NW 77th CT. SUITE 301,302
HIALEAH GARDENS, FL. 33016

ARTICLE V INCORPORATOR(S)

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

ABEL DE LA ROCHA (PRESIDENT, V.PRESIDENT, SECRETARY & TREASURER)
5290 W. 21st CT #307
HIALEAH, FL. 33016

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

22nd day of **February**, 19 **95**.

Signature/Title
ABEL DE LA ROCHA/PRESIDENT

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: NEW-MED. SERVICES, INC.

2. The name and address of the registered agent and office is: ABEL DE LA ROCHA

10550 NW 77th CT. SUITE 301,302
(P.O. BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FL. 33016
(CITY/STATE/ZIP)

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SECRETARY OF STATE

SIGNATURE ______________
(corporate officer)

TITLE PRESIDENT

DATE 02/22/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS 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 ______________

DATE 02/22/95

REGISTERED AGENT FILING FEE: $20.00