

P950000 33717

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

890 S.W. 87 AVENUE, SUITE 16  
(Address)

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

LOCAL REPRESENTATIVE TALLAHASSEE

(904) 385-6735

OFFICE USE ONLY

200001473622  
-05/03/95 -01119--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. THE BEST MEDICAL EQUIPMENT, INC.  
(Corporation Name) (Document #)

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

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

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

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ 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

W95-9019

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SPC

308-1 FM 3:20

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Examiner's Initials AN



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 27, 1995

LAZARUS CORPORATE INDUSTRIES, INC.  
890 S.W. 87th AVENUE  
SUITE 16  
MIAMI, FL 33174

SUBJECT: THE BEST MEDICAL EQUIPMENT, INC.  
Ref. Number: W95000009019

We have received your document for THE BEST MEDICAL EQUIPMENT, INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

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.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens  
Document Specialist

Letter Number: 795A00020147



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 28, 1995

LAZARUS CORPORATE INDUSTRIES, INC.  
890 S.W. 87th AVENUE  
SUITE 16  
MIAMI, FL 33174

We have received your document for SUPERIOR MEDICAL EQUIPMENT, INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

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.

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If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens  
Document Specialist

Letter Number: 495A00020390

CERTIFICATE OF INCORPORATION  
OF

HOME CARE MEDICAL EQUIPMENT , INC.

53111-1 PM 3:20

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the information, rights, privileges, immunities and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation should be:

HOME CARE MEDICAL EQUIPMENT, INC.

ARTICLE II

The corporation will engage in any activity of business permitted under the laws of the State of Florida and the United States of America.

ARTICLE III

The Corporation is authorized to issue and have outstanding and aggregate number of ONE THOUSAND (1000) shares of one class of common stock, having a par-value of ONE (\$ 1.00) DOLLAR per share.

This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

#### ARTICLE IV

All shareholders of the Corporation shall be vested with full preemptive rights.

#### ARTICLE V

The Name and Address of the Registered Agent in the STATE OF FLORIDA are:

JOSEPH R. BREMER

1614 S.W. 1st. STREET  
Miami, Fl. 33135

The PRINCIPAL OFFICE : 8518 S.W. 8st. ST. SUITE # 108.  
Miami, Fl. 33144

Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of the Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.

  

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JOSEPH R. BREMER

## ARTICLE VI

The number of Directors constituting the initial Board of Directors of the Corporation is one, the number of Directors may be increased or decreased from time to time By the Laws but shall never be less than one.

## ARTICLE VII

The name and addresses of the members of the Initial Board of Directors are:

NAME:

ADDRESS:

LUIS C. ACOSTA

8518 S.W. 8st. ST. SUITE # 108.  
Miami, Fl. 33144

## ARTICLE VIII

The name and addresses of the Incorporators executing these Articles of Incorporation are:

NAME:

ADDRESS

LUIS C. ACOSTA

8518 S.W. 8st. ST. SUITE # 108.  
Miami, Fl. 33144



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LUIS C. ACOSTA

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