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DIVISION OF CORPORATION

		ATTION OF COUNTYWATION	
LAZARUS CORPOR	ATE INDUSTRIES. INC)
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(Aldiess)			•
City State 7	33174 (305)552=5	973 OFFICE USE ONLY	•
	LATIVE TALLAHARRE		
199(1) 705-6735		· · · · · · · · · · · · · · · · · · ·	1
CORPORATION NA	ME(S) & DOCUMENT N	UMBER(S) (if known):	
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	ick up time 9.100	Certified Copy	
	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Office	Set Diseases	
Limited Liability	Change of Registered Ag		
Domustication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	· NECUMANA CONTRACTOR		
Annual Report	REGISTRATION/ QUALIFICATION		
Fictitious Name	Foreign	NANCY HENDRICKS MAY 2 4 1995	j
Name Reservation	Limited Partnership	HANCY HEID	
	Reinstatement		
j	Trademark	••	

Other

CR21.031(10/92)

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ARTICLES OF INCORPORATION

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ISA MEDICAL & SUPPLIES RENTALS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

ISA MEDICAL & SUPPLIES RENTALS, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business of said corporation shall

be at: 4141 S.W. 112TH AVENUE MIAMI FL 33165

whit the privilege of having branch offices at other places within or without the State of Florida.

ARTICLE III

CAPITAL STOCK

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

One Hundred Shares

Articles of incorporation

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ISABEL LOPEZ 10300 S.W. 66TH STREET MIAMI FL 33173

ARTICLE V

INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

NAME

ADDRESS

ISABEL LOPEZ-PRESIDENT

10300 S.W. 66TH STREET

MIAMI FL 33173

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set cur hands and seals? This the 22nd day of May, 1995

WITNESSES

ISABEL LOPEZ PRESIDENT

STATE OF FLORIDA)

) SS

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared ISABEL LOPEZ who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.

Notary Public

HOLERY

APOLL D. FLANANDEZ
My Comm. Exp. 7/20/97
Builded By Service Ins
No. CC283119
Harman Harm Harris

CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, 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:
 ISA MEDICAL & SUPPLIES RENTALS, INC.
- 2. The name and address of the registered agent and office is: ISABEL LOPEZ 10300 S.W. 66TH STREET MIAMI FL 33173

Corp.Officer: ISABEL LOPEZ PRESIDENT

Date: May 22, 1995

Having been named to accept service of process for the above stated corporation at 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.

ISABEL LOPEZ

Date: May 22, 1995

STATE OF FLORIDA

) SS:

COUNTY OF DADE

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgements, personally appeared ISABEL LOPEZ to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this 22nd day of May, 1995

Notary Public, State of Florida

My commission expires:

MOLL F. LESIANDEZ
My Comm. Exp. 7/20/97
Sunded By Service Ins
No. CC283119

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