Examiner's Initials

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LAZARUS CORPORAS	TE INDUSTRIES, INC.	-	Same p States	
890 S.W. 87 AVENUE, SUITE: 16 (Address)		-		
	33174 (305)552-5973	OFFICE USE ONL	Υ	
	) (Phone#) TIVE TALLAHASSEE			
(904)385-6715				
CORPORATION NAM	ME(s) & DOCUMENT NU	MBER(S) (if known):		
1. C, N.	MEDICAL E4	Dillorent	Tare	
(Corpora	tion Name)	(Document #)		
2. (Corporation Name)		(Document #)		
3.		,,,		
(Corporation Name)		(Document #)	900001508989	
4. (Corporation Name)		(Document #)	-06/08/9501107018 ****122.50 ****122.50	
Walk in Pick up time 2100		Certified Cop		
Mail out	Will wait Photocopy	Certificate of S	Status	
NEW FILINGS	AMENDMENTS			
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Director			
Limited Liability	Change of Registered Age	Change of Registered Agent		
Domestication	Dissolution/Withdrawal	Dissolution/Withdrawal		
Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger			
OTHER FILINGS	REGISTRATION/		$\mathcal{S}$	
Annual Report QUALIFICATION			- 1151 7 1005	
Fictitious Name	Foreign  Limited Partnership  NANCY HENDRICKS JUN - 7 1995			

Name Reservation

CR2E031(10/92)

Reinstatement Trademark

Other



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 6, 1995

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: C.N. MEDICAL EQUIPMENT, INC.

Ref. Number: W95000011527

We have received your document for C.N. MEDICAL EQUIPMENT, INC. and check(s) totaling \$122.50. 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.

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) 487-6903.

Nancy Hendricks Corporate Specialist

Letter Number: 295A00027848

#### ARTICLE OF INCORPORATION

OF

ALL HEALTH MEDICAL EQUIPMENT, INC.

# ARTICLE I-CORPORATE NAME

THE NAME OF THIS CORPORATION IS:

ALL HEALTH MEDICAL EQUIPMENT, INC.

# ARTICLE II-NATURE OF BUSINESS AND POWER

The general nature of the business to be transacted by this corporation is to engage in any and all business permited under the laws of the State of Florida and in particular, to engage in Health Care Activity Working as Sub-Contractor for Other companies or directly with public in compliance with all standart and rules stablished for this type of business.

Also purchasing, leasing, renting, selling of general merchandise, including Medical Supplies, Diagnosis and other goods, holding and otherwise acquiring and disposing of real estate and personal property, both tangible and intangible. Also in the purchase of acquisition of business right of franchise for additional working capital.

## ARTICLE III-CAPITAL STOCK

The maximum number of share of stock that this Corporation is authorized to issue to have oustanding at any one time 1,000 (One Thousand) shares of common stock, having a par value of \$1.00 per shares.

# ARTICLE IV-TERMS OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon the filing of these articles.

#### ARTICLE V-REGISTERED AGENT AND INITIAL

#### REGISTERED OFFICE

ARTICLE OF INCORPORATION

REGISTERED OFFICE:

CTRA M. NIEBLES 4160 West 10 Court Hislan F1, 33012

PRINCIPAL OFFICE

4160 W. 10 Court. Hialcah Fl, 33012

The Board of Directors, from time to time, my move the Registerd Office to any other address in the State of Florida.

# ARTICLE VI-BOARD OF DIRECTORS

The Board of Directors of this Corporation shall be formed by 2 (two) directors initially. The number of directors my be increased or disminished from time to time by Bylaws adopted by the StockHolders, but shall never be less than one.

#### ARTICLE VII-INITIAL DIRECTORS

The name of the initial Directors of this Corporation and their street address are:

NAME

CIRA M. NIEBLES

ADDRESS

4160 West 10 Court. Hialeah Fl, 33012.

Zobeida L. Niebles

4160 West 10 Court. Hialeah Fl, 33012.

The person name as initial directors shall hold office for the first year of existence of this Corporation or untill their successors are elected or appointed and have qualified whichever occurs first.

#### ARTICLE VIII-INCORPORATORS

The name and the street address of the persons signing these Artcle of Incorporatio.

#### ARTICLE OF INCORPORATION

# INCORPORATORS.

NAME

CIRA M. NIEBLES

4160 West 10 Court Hislesh F1, 33012.

ADDRESS

Zobeida L. Niebles

4160 West 10 Court Hislesh Fl, 33012.

#### ARTICLE IX-AMENDMENTS

THESE ARTICLES of Incorporation my be Amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders at a stockholder's meeting and approved by themm by at least a majority of the stockholders entitled to vote, unless all of the directors and the stockholders signs a written statement manifesting their intentions that a certains of these articles been made.

IN WITNESS WHEREOF, the undersigned as incorporators, have executed the foregoin.

Articles of Incorporation on this 2 day of June 1995

Cira M. Niebles

Zobeida L. Niebles

ARTICLE OF INCORPORATION.

### ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been made to accept services of process for the aboved mentioned Corporation, at place designate in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

Cira M. Niebles

STATE OF FLORIDA COUNTY OF DADE

SS:

BEFORE ME, UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO ADMINISTERED oath, personally appeared, Cira M. Niebles, to me Know to be person named and describe as incorporators and who executed the foregoing Articles of Incorporation, and acknowledge before me that they subscribe to these Articles of Incorporation on this:

2 day of June

Migdalia Carnejo
Migdalia Migdalia
Migdalia Carnejo
Migdalia Migdalia
Migdalia Carnejo
Migd

Migdalia Camejo Notary Public State of Florida at Large

My Commission Expire:

