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95 JUN 12 11:41

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)385-6715

OFFICE USE ONLY

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

1. BROWARD MEDICAL SERVICES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) 100001512761
-06/14/95--01036--010
4. _____
(Corporation Name) (Document #) *****78.75 *****78.75

☒ 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

NANCY HENDRICKS JUN 12 1995

ARTICLES OF INCORPORATION
OF
BROWARD MEDICAL SERVICES, INC.

FILED
25 JUL 1964

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BROWARD MEDICAL SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name; BROWARD MEDICAL CLINIC, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 500 ***** shares, having an individual par value of \$1.00 (one dollards)each.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corpora- #201
tion shall be: 2601 David Blvd, Fort Lauderdale, Florida 33312
Beatriz Jorge.

ARTICLE VI

The initial Board of D.ectors shall consist of a total of Two(2) person, and the name and address of the person who is to serve as an initial director is:

(VP):JESUS A. MOREJON

(P):Beatriz Jorge

2601 David Blvd, #201


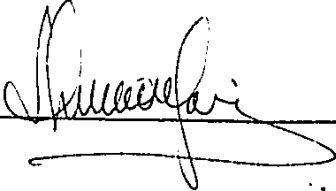
Fort Lauderdale,

Florida 33312

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

Beatriz Jorge - *President*
Jesus A. Morejon - *V. President*
2601 David Blvd, #201
Fort Lauderdale,
Florida 33312

IN WITNESS WHEREOF, the undersigned incorporator has
(ve) executed these Articles of Incorporation this 8th day
of June, 1995.

STATE OF FLORIDA }
 } SS.
COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknow-
ledgements in the state and county set forth above, personally
appeared _____ known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my official seal in the state and county aforesaid,
this _____ day of _____, 19____.

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:

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: Broward Medical Services, Inc.

2. The name and address of the registered agent and office is:

Beatriz Jorge

(NAME) .
#201

2601 David Blvd, Fort Lauderdale, Florida 33312

(P.O. BOX NOT ACCEPTABLE)

Fort Lauderdale, Florida 33

(CITY/STATE/ZIP)

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

B. Jorge

DATE

6/8/95