

P95000052148

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

FILED
95 JUL -6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001532417
-07/07/95--01057--006
****122.50 ****122.50

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

1. OXY HEALTH EQUIPMENT SERVICES 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

SHARON I. TAYLOR JUL -6 1995

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

Examiner's Initials

ARTICLES OF INCORPORATION
OF
OXY HEALTH EQUIPMENT SERVICES INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The name of this corporation shall be: OXY HEALTH EQUIPMENT SERVICES INC.

ARTICLE II

This corporation shall have perpetual existence, unless--
sooner dissolved in accordance with the laws of the State of
Florida.-

ARTICLE III

This corporation is organized for the purpose of transacting--
any and all business permitted under the laws of the United -
States and the State of Florida.-

ARTICLE IV

This Corporation is authorized to issue ONE HUNDRED SHARES ---
(100) shares of ONE DOLLAR (\$1.00)- - - - - par -
value of common stock, which shall be designated "Common--
Stock".-

- 2 -

ARTICLE V

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that -- which he already holds, shall have the right to purchase his- pro rata share thereof (as nearly as may be done without issuance of fractional share) at the price at which is offered to others.-

ARTICLE VI

The street address of the initial principal office of this - Corporation is: 9500 NW 77th AVE.-SUITE B-2, HIALEAH GARDENS, FL.33016, and the name of the initial Registered Agent of this Corporation, is: DAFNE FARINAS, 18810 NW 57 AVE. MIAMI GARDENS, FLORIDA 33055.-

ARTICLE VII
INITIAL BOARD OF DIRECTORS

This Corporation shall have__TWO__director(s) initially.- The number of directors may be either increased or diminished -- from time to time by the bylaws but shall never be less than- ONE_-.-

The name(s) and address(es) of the initial director(s) of the Corporation is(are): DAFNE FARINAS President 50 SHARES
18810 NW 57 AVE. Treasurer
MIAMI GARDENS FL.33055

ROSA I.SOTOMAYOR VicePresident 50
24th W 73 PL Secretary
HIALEAH, FL. 33016

ARTICLE VIII

1.- The initial bylaws of this Corporation shall be adopted --
by the Board of Directors.- The bylaws may be amended from --
time to time by either the stockholders or the directors.- --
The stockholders may amend, alter or repeal any bylaw adopted
by the directors.- The directors may not alter, amend or re--
peal any bylaws adopted by the stockholders, nor may the --
directors adopt bylaws which would be in conflict with the --
bylaws adopted by the stockholders.-

2.- Any incorporator or stockholder present at any meeting, --
either in person or by proxy, and any director present in --
person at any meeting of the Board of Directors, shall be --
deemed to have received proper notice of such meetings unless
he shall make objection at such meeting to any defect on in--
sufficiency of notice.-

3.- Each director and officer of the corporation, whether or--
not then in office, shall be indemnified by the Corporation--
against all costs and expenses reasonable incurred by or --
imposed upon him in connection with or arising out of any --
claim, demand, action, suit or proceeding in which he may be--
involved or to which he may be a party by reason of his being
or having been a director or officer of the Corporation, said
costs and expenses to include attorney's fees and the costs--
of reasonable settlement made with a view to curtailment of -
costs of litigation, except in relation to matters as to --
which he finally shall be adjudged in any such action, suit--

or proceeding to have been derelict in the performance of his duty as such officer or director.- Such right of indemnification shall not be exclusive of any other rights to which he may be entitled as a matter of law; and the foregoing right of indemnification shall inure to the benefit of the heirs, executors and Administrators of any such director or officer.

4.- A director or officer of the Corporation shall not be disqualified by his office from dealing or contracting with the Corporation either as a lender, purchaser, or otherwise, nor shall any transaction or contract of the Corporation be void or voidable by reason of the fact that any director or officer or any firm of which any director or officer is a or any corporation of which any director or officer is a stockholder or director, is in any way interested in such transaction or contract, provided that such contract or transaction is or shall be authorized, ratified, or approved by either: -

(a) a vote of a majority of the outstanding shares of the stock in the Corporation entitled to vote; or (b) a vote of a majority of the board of directors having no interest in such contract or transaction.- A director interested in the contract or transaction who is present may participate in the meeting and may be counted for quorum purposes.- Additionally no director or officer shall be liable to account to the Corporation for any profits realized by, from, of through any such transaction or contract authorized, ratified or approved as herein provided by reason of the fact that he, or any firm

- 5 -

of which he is a member or any corporation of which he is a --
stockholder, officer, or director, was interested in such --
transaction or contract.- Nothing herein contained shall--
create liability in the event above described or prevent the
authorized approval of such transactions or contracts in any
other manner permitted by law.-

ARTICLE IX


The name(s) and address(es) of the person(s) signing these --

articles is(are): DAFNE FARINAS
18810 NW 57 AVE.
MIAMI GARDENS, FL. 33055

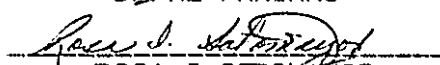
ROSA I. SOTOMAYOR
2473 W 73 PL
HIALEAH, FL. 33016

IN WITNESS WHEREOF:

The undersigned subscriber(s) has(have) executed these arti-
cles of incorporation this 28 day of JUNE , 1995.-



DAFNE FARINAS



ROSA I. SOTOMAYOR

95 JUL -6 PM 2:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA NAMING AGENT
UPON WHOM SERVICE OF PROCESS MAY BE MADE.-

In compliance with section 607.034 of the Florida Statutes
the following is submitted:

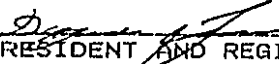
Desiring to organize or qualify under the laws of the State -
of Florida with its principal place of business in the City -
of_HIALEAH GARDENS___County of__DADE___, Florida, whose Cor--
porate name is: OXY HEALTH EQUIPMENT SERVICES INC.

has named as its Agent to accept service of process within -
the State of Florida: DAFNE FARINAS.-

ACKNOWLEDGMENT

Having been named to accept service of process for the above-
mentioned Corporation, at place designated in this Certifica-
te, I here by agree to act in this capacity, and further
agree to comply with the provisions of all the Statutes rela-
tive to the proper and complete performance of my duties.-

Dated this_28__day of___JUNE_____1995.-


RESIDENT AND REGISTER AGENT
DAFNE FARINAS
18810 NW 57 AVE.
MIAMI GARDENS, FL. 33055

P95000052148

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

000001564130
08/18/95 01027--024
*****35.00 *****35.00

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

1. OLY HEALTH EQUIPMENT SERVICES INC.
(Corporation Name) (Document #) PA
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) Change
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

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NEW FILINGS	
<input type="checkbox"/>	Profit
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AMENDMENTS	
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OTHER FILINGS	
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
95 AUG 18 PM 1:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: OXY HEALTH EQUIPMENT SERVICES INC.

1b. The mailing address of the corporation is: 2189 W 60 ST - Suite 203
HIALEAH, FL. 33016

1c. Date of Incorporation: July 6, 1995

Document number: P95080092148

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

DAFNE FARINAS

18810 NW 57 AVE.

MIAMI GARDENS, FL. 33055

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

EMILIA PLASKO

8852 NW 116 TERR.

HIALEAH GARDENS - FL. 33016

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Emilia Plasko
(Signature of an officer, chairman or
vice chairman of the board)

July 27, 1995.-
(Date)

EMILIA PLASKO - President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Emilia Plasko
(Signature of Registered Agent)

July 27, 1995.-
(Date)

P95000052148

HIALEAH,
JULY 11, 1995.-

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL. 32314

Attn: Sharon Tala
Filing Section

Gentlemen:

The present letter is to inform that the Corporation
OXY HEALTH EQUIPMENT SERVICES INC.

with document number P95000052148

changed the initial address mentioned in ARTICLE VI

The new address is:

2189 W 60 ST - Suite 203
Hialeah, Fl. 33016

Please take a note of this in the future mailings.-

Very truly yours,

Rosa I. Satomayor
Rosa I. Satomayor
Vice President
Secretary

JK
7/13/95

P95000052148

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

800001564188
-08/18/95--01027--022
*****35.00 *****35.00

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

1. OLY HEALTH EQUIPMENT SERVICE INC.
(Corporation Name) (Document #)
2. Designation
(Corporation Name) (Document #)
3. Officer
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input 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 checked="" 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

95 AUG 18 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
95 AUG 18 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

I, DAFNE FARINAS after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, DAFNE FARINAS, hereby resign as PRESIDENT
TREASURER AND DIRECTOR of
(Title)
OXY HEALTH EQUIPMENT SERVICES INC., a Florida corporation;
(Name of Corporation)

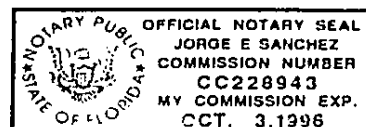
That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 27 day of July, 1995.-

[Signature]
NOTARY PUBLIC

My Commission Expires: October 24, 1997.-



FILING FEE IS \$35.00

P95000052148

95 SEP 11 AM 11:13

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

400001581384
-09/11/95--01042--003
*****35.00 *****35.00

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

1. OLY HEALTH EQUIPMENT SERVICES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
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OTHER FILINGS	
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REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

95 SEP 11 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

9/11
JAN
D.D.
Resign



Florida Department of State, Jim Smith, Secretary of State
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
55 SEP 11 PM 12:48
TALLAHASSEE FLORIDA
SECRETARY OF STATE

STATE OF FLORIDA
COUNTY OF DADE

I, ROSA I. SOTOMAYOR after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ROSA I. SOTOMAYOR hereby resign as VICE-PRESIDENT AND SECRETARY of
(Title)

OXY HEALTH EQUIPMENT SERVICES INC., a Florida corporation;
(Name of Corporation)

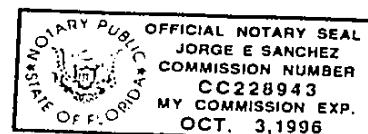
That the corporation has been notified in writing of the resignation.

Rosa I. Sotomayor
Signature of resigning officer/director

Sworn to and subscribed before me this 1 day of September, 1995.-

Jorge E. Sanchez
NOTARY PUBLIC

My Commission Expires: _____



FILING FEE IS \$35.00

P95000052148

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

800001584718
-09/14/95--01021--052
*****35.00 *****35.00

OFFICE USE ONLY

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

1. Oxy Health Equipment Service, Inc.
(Corporation Name) (Document #)
2. Amend
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
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<input type="checkbox"/>	Other

FILED
95 SEP 14 PM 12:36
SECRETARY
TALLAHASSEE

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

OXY HEALTH EQUIPMENT SERVICES INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE VII: The Board of Directors will write as follow:

EMILIA PLASKO	President	50 SHARES
8852 NW 116 TERR.	Treasurer	
Hialeah Gardens, Fl 33016		
IRMA SOTOMAYOR	VicePresident	50 SHARES
8852 NW 116 TERR	Secretary	
Hialeah Gardens, Fl 33016		

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

95 SEP 14 PM 12:36
FILED
TALLAHASSEE
SECRETARY OF STATE

THIRD: The date of each amendment's adoption: SEPTEMBER 1, 1995.-

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1 day of September, 1995.

Signature

Emilia Plasko

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

EMILIA PLASKO

Typed or printed name

President

Title

995000052148

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

090 S.W. 07 AVENUE SUITE 116

Address

MIAMI, FL 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

000001556530

-09/25/96--01059--009

*****35.00 *****35.00

Office Use Only

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FILED
96 SEP 25 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 SEP 25 AM 10:57
DIVISION OF CORPORATION

o/p Res
Peg/RS

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, IRMA SOTOMAYOR after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, IRMA SOTOMAYOR, hereby resign as VicePres, Secret./Dtr. of
(Title)
OXY HEALTH EQUIPMENT SERVICES INC., a Florida corporation;
(Name of Corporation)

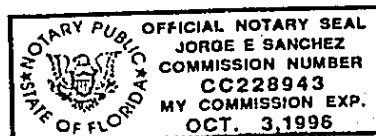
That the corporation has been notified in writing of the resignation.

Irma Sotomayor
Signature of resigning officer/director

Sworn to and subscribed before me this 31 day of August, 1996.

Jorge E. Sanchez
NOTARY PUBLIC

My Commission Expires: 10-3-96



FILING FEE IS \$35.00