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LAZARUS CORPORATE	INDUSTRIES, INC.		
890 S.W. 87 AVENU	•		\$1 6
(Aldress)	2174 /205\550 ===		
(City, State, Zip)	3174 (305)552-5973 (Phone #)	OFFICE USE ONLY	
LOCAL REPRESENTAT	IVE TALLAHASSEE		
(904)385-6715			
CORPORAMICALA			TALE 95
CORPORATION NAME	E(s) & DOCUMENT NUM	IBER(S) (if known):	JET TO SET
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(Corporation 2.	(Name)	(Document #)	FF R
(Corporation	Name)	(Document #)	
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(Corporation	Name)	(Document #)	
Walk in Pick	up time <u> </u>	Certified Copy	
Mail out Wil	l wait Photocopy	Certificate of Sta	itus
NEW FILINGS	AMENDMENTS		
Profit	Amendment		en e
NonProfit	Resignation of R.A., Officer	r/Director	300001541538 07/19/9501066016
Limited Liability	Change of Registered Agen		****122.50 *****122.50
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report Fictitious Name	Foreign	N. HENDRICKS	
Name Reservation	Limited Partnership	aii@(##10	
Light treast AS BOLL	Reinstatement		
	Trademark	<u></u>	

Other

CR2E031(10/92)

Examiner's Initials

ARTICLES OF INCORPORATION

OF

JF DIAGNOSTIC INC.



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:

JF DIAGNOSTIC 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;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

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 registered office and the name of the initial Resident Agent of this corporation shall be:

Juan F. Diaz

1000 Ponce de Leon Blvd.

Suite # 204

Coral Gables, F1 33134

The Principal office shall be:

1000 Ponce de Leon Blvd.

Suite # 204

Coral Gables, F1 33134

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Juan F. Diaz

1000 Ponce de Leon Blvd.

Suite # 204

Coral Gables, F1 33134

President

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

Juan F. Diaz

1000 Ponce de Leon Blvd.

Suite # 204

Coral Gables, F1 33134

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 17 day of July 1995.

DL: #D200-426-65-408-2

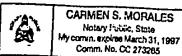
STATE OF FLORIDA)
COUNTY OF DADE)
SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared Juan F. Diaz 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 __17_ day of _______, 19_95.

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, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

1.	The name of the corporation is:	_
2.	The name and address of the registered agent and office is:	 '
	Juan F. Diaz 🕏 🛠	
	(NAME)	Character of the Control of the Cont
	1000 Ponce de Leon Blvd Suite #204 SST 0	1.2.
	(P.O. BOX NOT ACCEPTABLE)	5
	72.2	
	(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

DATE 7-17-95