75000063729

LAZARUS CORPORATE INDUSTRIES, INC.	
890 S.W. 87 AVENUE, SUITE: 16	
(Address)	
MIAMI, FLORIDA 33174 (305)552-5973	OFFICE USE ONLY
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSEE	all a series of a series of the series of the series of

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

Other

(904)385-6715

CR2E031(10/92)

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	NEW FILINGS	AMENDMENTS	A REAL PROPERTY.	
X	Profit	Amendment		를 X 등
	NonProfit	Resignation of R.A., Officer	/Director	*
Г	Limited Liability	Change of Registered Agen	t	
	Domestication	Dissolution/Withdrawal		
	Other	Merger		
J		REGISTRATION/		95 AUG 17
<u> </u>	OTHER FILINGS	QUALIFICATION		7
	Annual Report	Foreign		- 22
	Fictitious Name	Limited Partnership		57.5
L	Name Reservation	Reinstatement		FII 1: 05
		Trademark		
		Other	Examiner	's Initials

ARTICLES OF INCORPORATION

QΕ

Associated Providers' Network, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Associated Providers Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1280 SW 26th Ave, Suite 1 Ft Lauderdale, Florida 33312

ABTICLE III CAPITAL STOCK

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

10,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francisco Gonzalez 1280 SW 26th Avenue, Suite 1 Ft Lauderdale, F1 33312

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Francisco Gonzalez 1280 SW 26th Ave, Suite 1 Ft Lauderdale, Fl 33312

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.

I. The na	ame of the corporation is:
2. The na	ame and address of the registered agent and office is:
Eran	ciaco Gonzalez (NAME)
1280	SW 26th Ave. Suite 1 (P.O. BOX NOT ACCEPTABLE)
Ft La	uderdale, Florida 33312 (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 ____

REGISTERED AGENT FILING FEE: \$35.00