# P95000062605 (Requestor's Name) (Address)

(City, State, Zip)

(Phone #)

Tra Jemark

Other

CR2E031(10/92)

OFF

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement



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

September 8, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: INTER-MEDICAL EQUIPMENT & SUPPLY, INC.

Ref. Number: W95000018107

We have received your document for INTER-MEDICAL EQUIPMENT & SUPPLY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 catt-(904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 795A00041565

# ARTICLES OF INCORPORATION

95 7//201 7/111:25

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.

> ARTICLEI NAME

The name of the corporation shall be:

INTER-MEDICAL EQUIPMENT & SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

> 5600 W. 20th COURT HIALEAH, FLORIDA 33016

> > ARTICLEIU SHARES

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

SHARE: 100 PAR VALUE: \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> ARIEL ALFARO 5600 W. 20th COURT HIALEAH, FLORIDA 33016

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

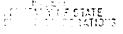
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

(P/VP/S/T)
ARIEL ALFARO
5600 W. 20th COURT
HIALEAH, FLORIDA
33016

i ne uno	iersigned ii	ncorporator(s) ha	as(have) executed these Articles of Incorp	oration this
31	_ day of .	AUGUST	, 199 <u>5</u> .	
			SIN.	
			Signature	
	_	<del></del>	Signature	<del></del> -
			Signature	<del></del>

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# 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: <u>INTER-MEDICAL EQUIPMENT &amp; SUPPLY</u> , INC.
2.	The name and address of the registered agent and office is:
	ARIEL ALFARO (NAME)
	5600 W. 20th COURT (P.O. BOX NOT ACCEPTABLE)
	HIALEAH, FLORIDA 33016  (CITY/STATE/ZIP)
TH AN PR FC	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	DATE 8/31/95

REGISTERED AGENT FILING FEE: \$35.00