P96000006547

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

01/22/96-01030-002
****1.50 ****122.50

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

1. P.R. HOSPITAL HOMECARE SUPPLIES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

[X] Walk in [X] Pick up time 2:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials CW

CR2E031(10/92)

1/22/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 3:01

ARTICLES OF INCORPORATION

P.R.HOSPITAL HOMECARE SUPPLIES 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

THE NAME OF THE CORPORATION SHALL BE:

P.R. HOSPITAL HOMECARE SUPPLIES INC.

ARTICLE II

THE PRINCIPAL OFFICE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

18459 PINES BLVD. SUITE 188
PEMBROKE PINES FL. 33029

ARTICLE III

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOSE ZAFRA
18459 PINES BLVD. SUITE 188
PEMBROKE,PINES FL.33029

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 22 PM 3:01

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS FLORIDA STATUTES.THE UNDERSIGNED CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FALLOWING STATEMENT IN DESIGNATE THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1-THE NAME OF THE CORPORATION IS:
P.R. HOSPITAL HOMECARE SUPPLIESINC.
18459 PINES BLVD. SUITE 188
PEMBROKE. PINES FL. 33029

2-THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
JOSE ZAFRA
18459 PINES BLVD. SUITE 188
PEMBROKE PINES FL. 33029

SIGNATURE _____
Corporate Office

TITLE _____

DATE _____

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.-

SIGNATURE _____

DATE _____