

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 19, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVENUE #16
MIAMI, FL 33174

SUBJECT: TECHNI-CARE, INC.
Ref. Number: W96000001471

We have received your document for TECHNI-CARE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 996A00002497

RECEIVED
56 JAN 22 PM 3:31
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 4:20

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:

TECHNI-CARE MEDICAL RENTAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

Principal Place: 5600 S.W. 135 AVE. MIAMI, FL, Suite 214B
Mailing Address: 8401 S.W. 21st. MIAMI, FL. 33155

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN A. MARTIN - 5600 S.W. 135 AVE. Suite 214B
MIAMI, FL. 33183

ARTICLE V INCORPORATOR(S)

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

TECHNI-CARE
5600 S.W. 135 AVE. Suite 214B
MIAMI, FL. 33183

PHYSICAL
ADDRESS

8401 S.W. 21ST.
MIAMI, FL. 33155

BILLING
ADDRESS

JUAN A. MARTIN
8401 S.W. 21ST.
MIAMI, FL. 33155


PRESIDENT 50% OF STOCK (SHARES)

ELVIRA MARTIN
8401 S.W. 21ST.
MIAMI, FL. 33155

VICE-PRESIDENT, TREASURER (SHARES)
50% OF STOCK

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of 18, 1996.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 22 PM 4:20

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: TECHNI-CARE MEDICAL RENTAL, INC.

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


JUAN A. MARTIN
(NAME)

5600 S.W. 135 AVE. Suite 214B
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33183
(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

1-18-96

TECHNI-CARE MEDICAL RENTAL, INC.

PRINCIPAL PLACE: 1150 SW 22 STREET SUITE 10, MIAMI FL 33129

MAILING ADDRESS: 8401 SW 21 STREET MIAMI FL 33155

P96000006609

MIAMI, FL JUNE 4th, 1996
AMENDMENT FILING SECTION
DIVISION OF CORPORATIONS
P O BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO CERTIFY THAT MY BUSINESS PHYSICAL ADDRESS
HAS CHANGED,
THE OLD ADDRESS WAS 5600 SW 135 AVE SUITE 214 B MIAMI FL 33183.

THE NEW ADDRESS IS: 1150 SW 22 STREET SUITE 10 MIAMI FL 33129

BUSINESS NAME: TECHNI-CARE MEDICAL RENTAL, INC

E.TAX NUMBER: 65-0645205

IF YOU HAVE ANY QUESTIONS YOU MAY CALL US AT (305)264-0903
THANK YOU FOR YOUR ATTENTION,


JUAN A. MARTIN
PRESIDENT