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.UAZARUS CORPORI	TE INDUSTRIES, INC.	· ·
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MIAMI, FLORIDA	33174 (305)552-597	
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	ATIVE TALLAHASSEE	
(904)385-6715		
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CORPORATION NA	ME(s) & DOCUMENT N	UMRER(S) ((Changa))
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NEW FILINGS	AMENDMENTS	Certified Copy Certificate of Status Certificate of Status Certificate of Status Certificate of Status
Profit	Amendment	
NonProfit		
	Resignation of R.A., Offi	icer/Director \to \to
Limited Liability	Change of Registered Ag	gent
Domestication	Dinsolution/Withdrawal	
Other	Murger	
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	789.503-672
Annual Report	Foreign	W96 -1470
Fictitious Name	Limited Partnership	1010
Name Reservation		
······································	Reinstatement	
	Trademark	
CR2E031(10/92)	Other	Examiner's Initials



January 19, 1996

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

SUBJECT: FAST MEDICAL EQUIPMENT CORP. Ref. Number: W96000001470

We have received your document for FAST MEDICAL EQUIPMENT CORP, and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 196A00002497 907A7700

FILED SECRETATION OF STATE DIVIDADES OF COPPORATIONS

ARTICLES OF CORPORATION

96 JAN 22 PH 1/19

OF

ENTERPRISE MEDICAL EQUIPMENT CORP.

The undesigned 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:

ENTERPRISE MEDICAL EQUIPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

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

330 E 9th ST SUITE G, HIALEAH FL.33010

ARTICLE III CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RICARDO PEDRASA 5090 E 8th CT # B, HIALEAH FL.33013

ARTICLE V INCORPORATOR(8)

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

RICARDO PEDRASA 5090 E 8th CT # B, HIALEAH FL. 33013

The undersigned has(have) executed these Articles of Incorporation this 16 Days of January, 1996

Signature/Title

Signature/Title

FILETO PERSONALY OF STATE DIVISION OF COSPORATIONS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

96 JAH 22 PH 4: 19

Pursuant to the provisions of Section 607.325, 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:

ENTERPRISE MEDICAL EQUIPMENT CORP.

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

RICARDO PEDRASA

5090 E 8th CT # B

HIALEAH FL. 33013

SIGNATURE (COMPORATE OFFICER)

TITLE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEBERY AGREE TO ACT IN THIS CAPACITY, AND I FUTHER AGREE TO COMPLY WHITH THEPROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE DATE

REGISTERED AGENT FILING FEE: \$20.00