LAZARUS CORPORATE RPORATE INDUSTRIES, Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address

MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

1. <u>M.M</u>	. GOLDEN	MEDICAL	SUPPLIES,INC
2 .		(Досш	nent #)
	(Corporation Name)	(Досш	nent #)
3	(Corporation Name)	(Docu	nent #)
4	(Corporation Name)	(Document #)	
Walk in	Pick up time	2,00	Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

THEW FILINGS	MAN AMEN
Profit	Amendme
NonProfit	Resignati
Limited Liability	Change o
Domestication	Dissolutio
Other	Merger

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

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OTHERETUNGS
Annual Report
Fictitious Name
Name Reservation

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	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

789_691-671 W96—4565

INVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 28, 1996

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

SUBJECT: M.M. GOLDEN MEDICAL SUPPLIES, INC.

Ref. Number: W96000004505

We have received your document for M.M. GOLDEN MEDICAL SUPPLIES, 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):

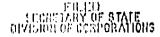
The document must state the number of shares of authorized stock.

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 call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 396A00008770



ARTICLES OF INCORPORATION FEB 29 PN 31 39

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: W. M. Golden MedicAL Supplies, Inc.

ARTICLE II PHINCIPAL OFFICE

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

IPUIAN MOTION AFFORM

901 NW28 PVC APFI

MIAMI FIN 33125

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:

UPVPAN HOPPNA ASOLI' 901 NW 28 ppt 1 UIANI F1 33125

ARTICLE V INCORPORATOR(S)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

CHULTO SECTOTARY OF STATE OF COMPONATIONS

96 FEB 20 PH 3: 39

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: 11-11 6-8-1-10-21
	Medion Supplies, Inc.
2.	The name, and address of the registered agent and office is:
	William Molina Delichi
	(NAME)
	TOI NOW 28 ppt 1 CURRU
	(P.O. BOX NOT ACCEPTABLE)
	MINMI Florida 33/25
	(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 / MANAGE SIGNATURE / 26/96