

**P96000021410**

**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**

700001737507  
-03/08/96--01096--004  
\*\*\*122.50 \*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. GOLDSTEIN RADIOLOGY ASSOCIATES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Mail out

Pick up time 2:00

Will wait

Photocopy

Certified Copy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER THINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/RENEWAL/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
95 MAR -8 11:17  
DIVISION OF CORPORATIONS

Examiner's Initials

J 3/8/96

# ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR -8 PM 2:01

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:

GOLDSTEIN RADIOLOGY ASSOCIATES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

8500 SW 92 STREET  
#204  
MIAMI, FLORIDA 33156

## ARTICLE III SHARES

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

1000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARTIN S. GOLDSTEIN  
8500 SW 92 STREET  
#204  
MIAMI, FLORIDA 33156

**ARTICLE V INCORPORATOR(S)**

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

MARTIN S. GOLDSTEIN, M.D.  
8500 SW 92 STREET  
A 209  
MIAMI, FLORIDA 33156

**ARTICLE VI DIRECTOR(S)**

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

MARTIN S. GOLDSTEIN, M.D.  
8500 SW 92 STREET  
A 209  
MIAMI, FLORIDA

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

7<sup>th</sup> day of MARCH, 19 96.

Martin S. Goldstein, M.D.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR -8 PM 2:01

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: Geinstein Remedial Associates, Inc.

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

MARTIN S. GEINSTEIN, M.D.  
(NAME)

8500 SW 92 STREET #1204  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33156  
(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 Martin S. Geinstein, M.D.

DATE 3/7/96