# POODS 3893 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

10000 0011 7\*4 7\*4111 -03/10/96--01089--003 +4+4123.50 +4+4132.50

Office Use Only

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

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Examiner's Initials 3/8/94

DIVISION OF CORPORATIONS

#### ARTICLES OF INCORPORATION

96 MAR 18 PH 2: 10

OF

VIMA MEDICAL EQUIPMENT, CORP.

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:

VIMA MEDICAL EQUIPMENT, CORP.

ARTICLE II: PRINCIPAL OFFICE

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

2735 CORAL WAY MIAMI, FL 33145

#### ARTICLE III: CAPITAL STOCK

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

500

#### ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

MIRIAM ARANGO 2735 CORAL WAY MIAMI, FL 33145

#### ARTICLE V: INCORPORATOR(S)

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

MIRIAM ARANGO 2735 CORAL WAY MIAMI, FL 33145 W 1814.

Signature/Title

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED SEURETARY OF STATE DIVISION OF CORPORATIONS

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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 strement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

VIMA MEDICAL EQUIPMENT, CORP.

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

MIRIAM ARANGO 2735 CORAL WAY MIAMI, FL 33145

SIGNATURE:
(Corporate Officer)
TITLE: President
DATE: 3/15/9C

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS 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: 3/5/96

REGISTERED AGENT FILING FEE: \$20.00