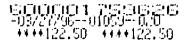
27268

LAZARUS CORPORATE INDUSTRIES,
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16 Address

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

LOCAL REPRESENTATIVE TALLAHASSEE



Office Use Only

ı. <u>W</u>	ORLD MOBIL	DIAGNOSTIC INC.	
2		(Document #)	
3.	(Corporation Name)	(Document #)	_

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

(Corporation Name) (Document #)

(Corporation Name) (Document #)

Walk in Pick up time _ 3 106 E Certified Copy Mail out Will wait

Photocopy Certificate of Status

NEW FILINGS Profit NonProfit Limited Liability Domestication

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

96 HAR 27 AM II: 30
DIVISION OF LOCATION
789-10171
WALCHEST AM II: 30

以次	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

Other

	繼	REGISTRATION QUALIFICATION
		Foreign
		Limited Partnership
		Reinstatement
		Trademark
l		Other

Examiner's Initials



SECRETARY OF STATE DIVISION OF CORPORATIONS
96 MAR 28 PH 2: 14

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 27, 1996

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

SUBJECT: WORLD MOBIL DIAGNOSTIC INC

Ref. Number: W96000006671

We have received your document for WORLD MOBIL DIAGNOSTIC 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 corporate name must be identical throughout the document.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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: 696A00014100

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAR 28 PH 2: 14

ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be:

Would Mobil DiAquostic INC

ARTICLE II PRINCIPAL OFFICE

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

8632 NW 196 Tu

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

JOSE O. AleMAN 8632 NW 196 lu MIAMI, FI 33015

ABTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
JOSE O ALEMAN
8632 NW 196 tu
Mian Fr. 33015
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JOSE O' ATIEMAN 8632 NW 196 Ter MIAM: Fr. 33015

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

MARCH day of	<u> 25 , 19 96 , </u>
_	Jese: O. ale 2
_	Signature
<i>V_</i>	Signature
	Signature

FILED SECRETARY OF STATE DIVISION OF ECRPORATIONS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

96 MAR 28 PH 2: 14

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: WORLD MOBIL DIAGNOSTIC INC.
2.	The name and address of the registered agent and office is:
	NAME)
	8632 NW 196 tu
	(P.O. BOX NOT ACCEPTABLE)
	MIAMIN F1. 33015
	(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 ____

NATE //3