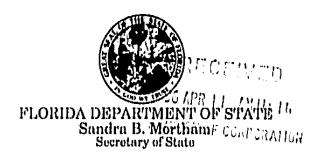
11 ions i fl City/State	e/Zip Phone #	Office Use Only
1. Sunshing	NAME(S) & DOCUMENT No Learn Configuration Name)	, , , ,
4(Cor	Pick up time	
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/ Di  Change of Registered Agent  Dissolution/Withdrawal  Merger	
OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation	Foreign Limited Partnership Reinstatement Trademark	(396-7756) SAR 1 1998 SN APR 1 1998
	Other	OIA MLU 1 1 1820

Examiner's Initials



April 10, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: SUNSHINE HEALTH CENTER CORP. Ref. Number: W96000007756

We have received your document for SUNSHINE HEALTH CENTER CORP, and your check(s) totaling \$122.50. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Sandy Ng Document Specialist

Letter Number: 396A00016449

ARTICLES OF INCORPORATION  $\mathcal{L}_{interpolation}$ 

LIFE HEALTH CENTER CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

### ARTICLE I

The name of this corporation shall be: LIFE HEALTH CENTER CORP.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE 111

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name:

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

## ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ARCHIBALDO AROSEMENA
611 S.W. 66 AVENUE
MIAMI, FL 33144

The Principal office shall be:

611 S.W. 66 AVENUE MIAMI, FL 33144

## ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: ARCHIBALDO AROSEMENA 50%

V.PRESIDENT: MANUEL JO

ADDRESS: 611 S.W. 65 AVENUE MIAMI, FL 33144

# The name and address of the incorporator executing these Articles of Incorporation is:

Archibaldo Arosemona Manuel Jo 611 S.W. 66 Avenue Miami, FL 33144

of APRIL	, 19 <u>96</u> .
1 10,0000	5 Mil.
	tune, villa
he name of the corporation is:_	LIFE HEALTH CENTER CORP.
he name and address of the reg	gistered agent and office is:
he name and address of the reg	gistered agent and office is:
he name and address of the reg ARCHIE (NAI	gistered agent and office is:  BALDO AROSEMENA ME)  W. 66 AVENUE
he name and address of the reg ARCHIE (NAI	gistered agent and office is:
The name and address of the reg ARCHIE (NAI 611 S. N (P.O. BOX NC	gistered agent and office is:  BALDO AROSEMENA ME)  W. 66 AVENUE

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 Topical