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•	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				をよい 10 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	CORPORATION	NAM	E(S) & DOCUMENT N	UMBER(S),	(if known):	7. 2 1 		
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NAME OF	EW FILINGS	探 答	AMENDMENTS	对验证				
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1	NonProfit		Resignation of R.A., Officer/D	irector				
1	Limited Liability		Change of Registered Agent			÷		
1	Domestication		Dissolution/Withdrawal			r Y		
	Other		Merger					
	OTHER FILINGS		REGISTRATION QUALIFICATION				* '	
F	ictitious Name		Foreign					
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CR2E031(1/95)

Examiner's Initials

ARTICLES OF INCORPORATION

OF

13168 - 6 All 10:56

FINLAY DIAGNOSTIC CENTER INC.

(Proper Noun)

WILLAHASSEE LEVERIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE 1 CORPORATION NAME

The corporation's name shall be: FINLAY DIAGNOSTIC CENTER INC.

ARTICLE II DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida.

ARTICLE IV CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED (100) shares of FIVE DOLLARS (\$ 5.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

P. O. Box 65-1383
Miami, FL 33265

ARTICLE VI NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this corporation whoo shall hold office initially, are as follow:

	A.T. M. A. M. Sallenberg and	hill dhirms at norms gundenti					
	ľ	NAME:	MIGUEL BE	TANCOURT			
		ADDRESS:	3500 SW 1	12 Ave. # 215			
				STATE: FL		3165	
	<u> </u>	NAME:					
				12 Ave. # 215	······································		
		-		STATE: FL		3165	
	<u> </u>	NAME:					
	- 1						
		CITY:		STATE:	_Z.C.:		
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		ADDRESS:_					
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incorporat		as follo					_
		MIGUEL			TITLE:	PRESIDENT]
		S:3500 CM					1
		Miami					
	NAME:	ZENAID/	C. GARC	1A	T!TLE:	Secretary	Į
	ADDRESS	3500 SV	TIZ AVE.			20165	4
		Miami		STATE:FL		33165	<u>]</u>
	NAME:				TITLE:_]
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of Incorpor	ESS WHER ration,	EOF, the uthis O2	nsersigne day of	d subscriber(May	s) have e , 19_96	xecuted the	se Articles
nigoe	el B	etance	unt (Se	al)	<u> </u>		(Seal)
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	·		(Se	al)	· · · · · · · · · · · · · · · · · · ·	 	(Seal)

STATE OF FLORIDA COUNTY OF DADE

Before me, a Notary Public authorized to take adknowledgement in the State and County set for above, personally appeared:

Miguel Betancourt and Zenaida C. Garcia

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 2nd day of Nay, 1996.

OFFICIAL NOTARY SEAL
GEORGINA BALLINA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC249672
MY COMMISSION EXP. JAN. 4,1997

Notary Public State of Florida at large

CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

, <u></u>	FINLAY DIAGNOSTIC CENTER INC. (Name of Corporation)		
	nce of Chapter 48.091, Florida Statutes, the followpliance with said Act:	lowing	is sub-
FIRST: The	at FINALY DIAGNOSTIC CHETER INC. (Proper Noun)	_desiri	ng to
as indicated	er the laws of the State of Florida with its print in the articles of incorporation at City of Mindle State of Florida , has named:		office,
	To: MIGUEL BETANCOURT Located at: 3500 SW 112 Ave. # 215		
	City of: Miami County OF: Dade	•	
as its Agent	State of Florida. to accept service of process within this State.		

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent