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	City/State	/Zip	3174 (305)552-5973 Phone # TIVE TALLAHASSEE	Character 12.35 (12.46) (b) 1 (c) first of the order 1000 + (c) 12.75 (c) (c) (c) 14.67.75 Office Use Only		
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tián:	NEW FILINGS		AMENDMENTS			
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X	Profit	 	Amendment	 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ļ	NonProfit	ļ	Resignation of R.A., Officer/ Di	rector		
	Limited Liability		Change of Registered Agent			
<u> </u>	Domestication		Dissolution/Withdrawal	95		
<u> </u>	Other		Merger			
	OTHER FILINGS		REGISTRATION/LE	RECEIVED 96 JUN -5 MIID: 1/8 SIVISION OF CORPORATION 97		
	Annual Report	1	Foreign	TO: I		
_	Fictitious Name		Limited Partnership	110%		
	Name Reservation		Reinstätement	(\al 11000		
			Trademark	W16-1172		
			Other			

Examiner's Initials SI JUN - 6 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 5, 1996

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

SUBJECT: G. C. MEDICAL EQUIPMENT, INC. Ref. Number: W96000011922

We have received your document for G. C. MEDICAL EQUIPMENT, 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 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: 296A00028101

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 I NAME

The name of the corporation shall be: G.C.M. MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

2301 NW 7 ST Suite G Miami, Florida, 33125

ARTICLE III SHÀRES

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

Fifty - 50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS M. PERNAS, Jr

7980 SW 36 Terrace Miami, Florida 33155

FILED
96 JUN -6 AM II: 29
ECRETARY OF STATE
LLAHASSEE, FLORIDA

ARTICIEV INCORPORATOR(S)

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

CARLOS M. PERNAS, Jr.

7980 SW 36 Torr.

Miami F1, 33155

GEORGINA VEGA

_ 4378 W. Flagler St # 5

Miami, Florida, 33134

ARTICLE VI DIRECTOR(S)

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

GEORGINA VEGA - 4378 W. Flagler # 5 Miami, F1 33134

CARLOS M. PERNAS Jr. - 7980 SW 36 Terrace, Miami F1 33155

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

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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: G.C.N. MEDICAL EQUIPMENT, INC.
2.	The name and address of the registered agent and office is:
ı	CARLOS M. PERNAS. Jr. (NAME)
	7980 SW 36 Terrace
	(P.O. BOX NOT ACCEPTABLE)
	Niami, Florida 33155
	(CITY/STATE/ZIP) EFF STATE ORIDA
PR TH AN	IVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF IOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE IOVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER-
	DRMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA- DNS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE _ Cul H Perus
	DATE06/04/1996