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LAZARUS COR	PORATE INDUSTRIES; INC.	
890 S.W. 87	AVENUE SUITE: 16	
City/State	•	ENDIDIDI 1 ENTER 45 EN -06/24/3601044013 *****122.50 *****122.50
	SENTATIVE TALLAHASSEE	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NU	MBER(S), (if known):
	MEDICAL SUP	PLY INC.
2(Cor	poration Name) (I	Document #)
3(Cor	poration Name) (L	Document #)
4(Cor	poration Name) (L	Document #)
☑ Walk in	Pick up time	Certified Copy
Mail out [☐ Will wait ☐ Photocopy	
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Profit	Amendment	22 PRIDA
NonProfit	Resignation of R.A., Officer/ Dire	ector
Limited Liability	Change of Registered Agent	O HOISIAIC
Domestication	Dissolution/Withdrawal	Anoisir And 96
Other	Merger	EC:
OTHER FILINGS Annual Report	TUSHET INVITORY	CEIVED 21. AHH: 00 0F CORPORATION
Fictitious Name	Foreign	
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	Trademark	1 , 2 72
	Other	wa6-133/3

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 24, 1996

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

We have received your document for SOUTH MEDICAL SUPPLY, INC. and your check(s) totaling \$. 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 N OF COPPORATION

Letter Number: 096A00031243P0RATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 25, 1996

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

We have received your document for FLORIDA MEDICAL SUPPLY, INC. and your check(s) totaling \$. 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.

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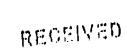
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Sandy Ng Document Specialist

Letter Number: 096A00031243



FLORIDA DEPARTMENT OF STATE AH 10: 57 Sandra B. Mortham Secretary of State AVISION OF COMPORATION

June 27, 1996

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

We have received your document for BEST MEDICAL SUPPLY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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: 096A00031243

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under this of florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be: BEST MEDICAL SUPPLY GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

13706 SW 23 Terr. Miami, Fl. 33175

ARTICLE III SHÀRES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500.....\$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RENO EIRANOVA 13706 SW 23 Terr. Miami, Fl. 33175.

ARTICLE V INCORPORATOR(8)

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

Reno Eiranova 13706 SW 23 Terr. Miami, Fl. 33;75

ARTICLE VI DIRECTOR(S)

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

Reno Eiranova 13706 SW 23 Terr. Miami, Fl. 33175

The undersigned incorporator(s) has(ha	ave) executed these Articles of Incorporation this
13 th day of June	11996.
	Signature
	Skinature
	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 egent, in the State of Florida.

1. The name of the corporation is: BEST MEDICAL SUPPLY GROUP, "INC.

2. The name and address of the registered agent and office is:	S JUL
RENO EIRANOVA	
(NAME)	MIII: 22
13706 SW 73 Terr.	FL 09 7: 22
(P.O. BOX NOT ACCEPTABLE)	Off.
MIAMI, FLORIDA. 33175	
(CITY/STATE/ZIP)	,
HAVING BEEN NAMED AS REGISTERED AGENT. AND TO PROCESS FOR THE ABOVE STATED CORPORATION AT THE ITHIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT A AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND TIONS OF MY POSITION AS REGISTERED AGENT.	PLACE DESIGNATED IN S REGISTERED AGENT TO COMPLY WITH THE
DATE	·