

P96000089683

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

300002234939--4

-07/10/97--01050--021

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. MIRANDA ORTHOPEDIC, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

97 JUL 14 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1/10  
Name Change  
Amended  
97 JUL 10 AM 10:49  
DIVISION OF CORPORATION

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

RECEIVED  
97 JUL 14 AM 10:55  
DIVISION OF CORPORATION

July 11, 1997

LAZARUS

MIAMI, FL

SUBJECT: MIRANDA ORTHOPEDIC, INC.  
Ref. Number: P96000089683

We have received your document for MIRANDA ORTHOPEDIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please double check the new name you have chosen -- at the end of the new name you have in lower case "LL", so the name would appear on our records as "ALLCARE ORTHO-PROSTHETIC CENTER LL, INC", is this the name you want? Our were you perhaps intending to use the Roman numeral two (II)? ← (II)

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 (850) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 897A00035852

Articles of Amendment  
to  
Miranda Orthopedic, Inc.

Pursuant to Section 607.1006(1), Florida Statute, the undersigned corporation adopts the following articles of amendment to its articles of incorporation.

FIRST;

The name of the corporation is: Miranda Orthopedic, Inc.

SECOND:

The following amendment to the article of incorporation was adapted by the corporation:

ARTICLE 1 -NAME  
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The name of the corporation shall be:

Allcare Ortho-Prosthetic Center II, Inc.

ARTICLE V-ADDRESS  
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The address of the corporation shall be:

3750 West 16 Ave # 404  
Hialeah, Fl 33012

FILED  
97 JUL 14 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

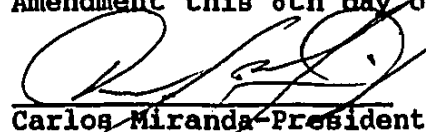
THIRD: Date of Adoption  
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The amendment was adopted on July 8, 1997.

FOURTH: ADOPTION OF AMENDMENT  
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The amendment was approved by shareholders. The number of votes cast for the amendment was sufficient for approval.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment this 8th day of July 1997

  
Carlos Miranda-President