# O 9700000 1259 LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

MIANI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S)	æ	DOCUMENT NUMBER(S)	(if	l	٠,٠
COLORO LIGIT WHIE (9)	O.	DOCUMENT NO BIREK(2)	. (11	KNOWU	11:

I. MED	(Corporation Name)	RVICES	ment #)	
2	(Corporation Name)		:	<u> </u>
3	(Corporation Name)		ment #)[[[]]   [[]]   []   []   4   1   1   4   1   1   1   4   1   1	₩₩₩₩₽₽₩₽ ₩₩₩₩₽₽₩₽
4	(Corporation Name)	<b>(</b> Docu	unent #)	97
Walk in Mail out	Pick up time  Will wait	2 100 □ Photocopy	Certified Copy Certificate of Status	11 11

<b>機能</b> NEWFILINGS(注)	WE AMENDMENTS OF THE STORY
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

Cothenfilings
Annual Report
Fictitious Name
Name Reservation

MEGISTIALIÓN OUABBICATIÓN
 Foreign
 Lunited Partnership
Reinstatement
 Trademark
Other

PA OF NO STATES AND THE CELLYED

W97-279

Examiner's Initials

JAN 7 7 1002



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 6, 1997

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

SUBJECT: MED CORP SERVICES Ref. Number: W97000000279

We have received your document for MED CORP SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PUT CORPORATE SUFFIX AT THE END OF THE CORPORATE NAME..

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: 397A00000499

#### ARTICLES OF INCORPORATION

<u>OF</u>

MEDCORP SERVICES INC.

97 JAN-7 AHII: 35
TALLAND

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be: MEDCORP SERVICES INC.

The principal place of business of this corporation shall be: 801 W 49 St, Ste 240 Hialeah, F1 33012

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawfull activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares - 1.00 Value

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the inicial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

NOEL DIAZ PRESIDENT 801 West 49 Street Suite 240 Hialeah, F1 33012

## ARTICLE VI INCORPORATORIS

The name(s) and street at incorporation is(are):	ddress(es) of the incorporator(s) to thi	s articles of
NOEL DIAZ	801 WEST 49 Street Suite 240 HIALEAH, FLORIDA 33012	100% shares
IN WITNESS WHEREOF these Articles of Incorpora	, the undersigned incorporator(s) has ation this <u>3rd</u> day of <u>January</u>	i(have) executed , 19 <u>97</u>
	Signature(s) of	ncorporator(s)
STATE OF FLORE DA		

## CERTICATE OF DESIGNATION RECISTERED AGENT/REGISTERED OF FICE

Pursuant to the provisions of Section 607 325, Florida Statules, the undersigned corporation, organized under the Tows of the State of Florida submits, the following statement in designating the registered office/registerid agent, in the State of Florida.

1 The name of the corporation is MEDCORP SERVICES INC.	
2. The name and address of the regulared ligent and office is NOEL DIAZ	97 - 1
801 west 49 Street, suite 240	1
(POBOX NOT ACCEPTABLE)	
HIALEAH, FLORIDA 33012  (CHY/SIAH//IP)	HII 36
SIGNATURE (Corporate of per) THIE President  DATE 01-03-97	•
HAVING BLE'N NAMED TO ACCUPT SERVICE OR PROCESS FOR THE ABOVE STACE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACTO ACT IN THIS CAPACITY, AND FEURTHER AGREE TO COMPLY WITH THE PROVOF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE DUTIES, AND LACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607-325, FLORIGHTUTES	GREE /ISIONS
10/11	