P970000189	15
LAZARUS CORPORATE INDUSTRIES, INC.	
Requestor's Name	
890 S.W. 87 AVENUE, SUITE: 16	
Address	
MIAMI, FLORIDA 33174 (305)552-5973	

City/State/Zip

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

Phone #

1. PROG.	RESIVE (Corporation Name)	DIAGNO	STIC SC	ERVICES, INC
2	(Corporation Name)	(Do	ocument #)	
3	(Corporation Name)	(De	≥1∐NU ocument #)	002101132 -02/28/9701047029 ****122.50 ****122.5
4	(Corporation Name)	(De	ocument #)	
₩alk in  Mail out	Pick up time	Photocopy	Certifie	ate of Status
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Profit NonProfit	— I	tion of R.A., Officer/ Dire	ctor	
Limited Liability  Domestication		of Registered Agent ion/Withdrawal		
Other	Merger			
OTHER FILING	GSI WE OU	ISTRATION I		
Fictitious Name	Foreign	Do-to-auslin		
Name Reservation	Reinstate	Partnership ement		1
	Trademo	ırk		•

Other

ARTICLES OF INCORPORATION 18829 PH 157

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:

Progressive DIABNOSTIC Services, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

4801 S. Univ. DR. Jab DAVIE, 41. 33328

#### ARTICLE III SHÀRES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carol bould 2424 OKUChobee lane Ft. Laud., 21 33312

## ARTICLE Y INCORPORATOR(S)

The name(s)	and street address(es) of the incorporator(s) to these Articles of Incorpora-
tion Is(are):	•
	Carol Gould
	2434 OKUChobee Lane
	Ft. Laud., Al. 33312

### ARTICLE VI DIRECTOR(S)

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

The undersigned in	corporator(s)	) has(have) exec	uted these Articles o	of Incorporation this
011	day of _	Feb	, 19 <i>LZ</i> .	·
			use Gave	lel
		\$	Signature	
			Signature	
			Signature	

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED CFFICE

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: <u>Progressive</u> . <u>DIA6.</u>	Nost	·
	Services, INC.	-1,	
2.	The name and address of the registered agent and office is:		
	Carol bould		
	(NAME)		:,,
	2424 OKEOCHOBER Cane		
	(P.O. BOX NOT ACCEPTABLE)	-	
	H. Laud., H. 33312	_	
	(CITY/STATE/ZIP)		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE FERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE Peb 27, 1997