

P 970000 25453

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

FILED
 97 MAR 20 AM 9:40
 TALLAHASSEE FLORIDA
 Office Use Only

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

- PAN AMERICAN REHABILITATION MEDICAL
 (Corporation Name) (Document #)
- CENTER INC.
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

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 ****122.50 ****122.50

- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

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

| AMENDMENTS | |
|--------------------------|--|
| <input 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 |

RECEIVED
 97 MAR 20 AM 11:08
 DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

FILED
97 MAR 20 AM 9:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

PAN AMERICAN REHABILITATION MEDICAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

1101 S. W. 1 ST. MIAMI FLA. 33130

ARTICLE III SHARES

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

5,000 SHARE COMMON STOCK \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORALIA O. FERNANDEZ

1101 S.W. 1 ST
MIAMI FLA. 33130

ARTICLE V INCORPORATOR(S)

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

ORALIA O. FERNANDEZ
2102 S.W. 97 CT.
MIAMI FL. 33165

ARTICLE VI DIRECTOR(S)

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

ORALIA O. FERNANDEZ
2102 S.W. 97 CT.
MIAMI FLA.
33165

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

18 day of 3, 1997.

Oralia O. Fernandez
Signature

Signature

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: ~~PAN AMERICAN REHABILITATION MEDICAL CENTER~~
PAN AMERICAN REHABILITATION MEDICAL CENTER INC.

2. The name and address of the registered agent and office is:

~~ORALIA O. FERNANDEZ~~ _____
(NAME)

(P.O. BOX NOT ACCEPTABLE)
1101 S.W. I ST. 33130 FL 33130
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Oralia O. Fernandez

DATE 3-18-97