

P97000033318

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

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-04/14/97--01044--020
****122.50 ****122.50

Office Use Only

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

1. PALMETTO COMPREHENSIVE HEALTH CARE
(Corporation Name) (Document #)

2. _____ INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time 2:10

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

FILED
97 APR 14 AM 11:46
97 APR 14 AM 10:49
RECEIVED
TALLAHASSEE STATE
DIVISION OF CORPORATION

K.R. APR 14 1997

ARTICLES OF INCORPORATION

We the undersigned, hereby associate ourselves together for the purpose of becoming a Corporation under the laws of the State of Florida providing for the formation of a Corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, and we hereby make, subscribe and acknowledge and file with the Secretary of the State of Florida these Articles of Incorporation; and to that end we do, by these Articles, set forth:

ARTICLE I

The name of this Corporation (Which is hereinafter called the "Corporation" is : PALMETTO COMPREHENSIVE HEALTH CARE, INC.

ARTICLE II

This Corporation shall exist perpetually. Corporate existence shall begin on the day upon which these Articles are approved by the Secretary of the State of Florida.

ARTICLE III

The purpose of this Corporation is to transact any or all lawful businesses for which Corporations may be incorporated under Chapter 607 of the Florida Statutes.

ARTICLE IV

This Corporation is authorized to issue Five Hundred (500) Shares of Common Stock, which said shares shall have a par value of Ten (\$ 10.00) Dollars per share upon issuance.

ARTICLE V

The principal place of business of this Corporation shall be at 3931 SW 59 AVENUE MIAMI, FLORIDA 33155 with the privilege of having branch offices within and without the State of Florida.

ARTICLE VI

The initial registered agent of this Corporation upon whom process may be served is AGUSTIN LAVASTIDA and the initial registered office is located at 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

ARTICLE VII

This Corporation shall have ONE director(s) initially. The number of directors shall be fixed by bylaws and may be changed from time to time.

ARTICLE VIII

The name and street addresses of the initial director(s) of this Corporation are : AGUSTIN LAVASTIDA 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

The aforesaid director(s) shall hold office for the year of this Corporation's existence or until a successor is chosen provided for in the bylaws.

FILED
97 APR 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The initial officers of this Corporation and their addresses are:

President : AGUSTIN LAVASTIDA 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

Vice-President : NOT YET ELECTED

Treasurer : NOT YET ELECTED

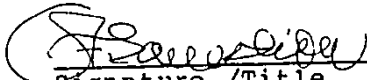
Secretary : AGUSTIN LAVASTIDA 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

ARTICLE IX

The name and street address of the incorporator(s) is/are :

AGUSTIN LAVASTIDA 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

The undersigned has executed these Articles of Incorporation
this 9th day of APRIL, 1997


Signature / Title

AGUSTIN LAVASTIDA / PRESIDENT

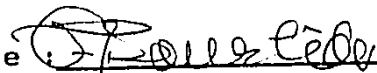
CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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 : ~~PALMETTO COMPREHENSIVE HEALTH~~
CARE, INC.

2. The name and address of the registered agent and office is :
AGUSTIN LAVASTIDA 3931 SW 59 AVENUE MIAMI, FLORIDA 33155

Signature



Title

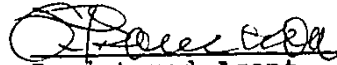
AGUSTIN LAVASTIDA
PRESIDENT

Date

04/09/97

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 designation and obligations of my position as Registered Agent

Date : 04/09/97



Registered Agent
AGUSTIN LAVASTIDA

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97 APR 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA