# 097000041087

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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Office Use Only

CORPORATION NAME(S)	&	<b>DOCUMENT NUMBER(S)</b>	, (	if known)	):
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1. <u>COM</u> 1	Composition Nation	GNOSTIC	SERVICES	
2. <u>jNCC</u>	(Corporation Name)	<u> </u>	cument #)	
3	(Corporation Name)		cument #)	
4	(Corporation Name)	(Do	cument#)	
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- ( ) - ( ) - ( )	NEW FILINGS FR
$\times$	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

腦	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

(भूगानिस्वतास्त्री
 Annual Report
Fictitious Name
Name Reservation

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	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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97 MAY -9 AMID: MECALIFIED STATE
DIVISION OF CURPULAMBHATUS STEELORIDA

Examiner's Initials

7518197

#### **ARTICLES OF INCORPORATION**

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:

Complete Diagnostic Services Incorporated

#### ARTICLE II PRINCIPAL OFFICE

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

5039 5.W. 123 Terr Cooper City F1. 33330

#### ARTICLE III SHARES

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

100

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

The name and address of the initial registered agent is:

Tara Lane Duval 5039 S.W. 123 Terr Cooper City #1 33330 FILED
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SECNITY SEFLORIDA

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is (are):
Tara Lare Ouval-5039 SW. 123 Te Cooper City Fl
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):  Tora Lane Dural  5039 S.W. 123 Terr.  Cooper City, Fl 33330
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this day of, 19
Signature Signature
Signature

Articles of Incorporation Filing Fee - \$35

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: Complete Diagnostic Services  Incorporated
2.	The name and address of the registered agent and office is:
	Tara Lane Qual (NAME)
	5039 5.W. 123 Terr. (P.O. BOX NOT ACCEPTABLE)
	Cooper City Fl 33330 (CITY/STATE/ZIP)
	(CITY/STATE/ZIP)
PRO DESI REG AGR THE FAM	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS ISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER EE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM ILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS ISTERED AGENT.
	SIGNATURE Same Suraf
	DATE 2011 713, 1997
	FILED  97 HAY -8 PH  SEVER 12 PS  FAILANT SEE: \$35.00  REGISTERED AGENT FILING FEE: \$35.00