xxxxxx

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):

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	<u></u>	Certificate of Status
ENEW FILINGS	MENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Dir	irector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	<u></u>
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OTHEREILINGS	REGISTRATION/A QUALIFICATION	97 AUS 29 MILL 05
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 29, 1997

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

SUBJECT: ELITE MEDICAL BILLING SERVICES, INC.

Ref. Number: W97000020117

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

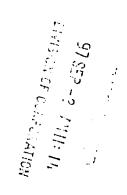
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 897A00043637



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: ELITE PROFESSIONAL BILLING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5391 West 10th Avenue Hialeah, Fl. 33012

ARTICLE III SHARES

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

10,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alexander. Perez 5391 W 10 Aug Hialeah, Fl. 33012

ARTICLE V INCORPORATOR(S)

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

> Alexander L. Perez 5391 W 10 Ave Hialeah, Fl. 33012

Victor H. Pena 5112 SW 151 PL. Miami, Fl. 33185

ARTICLE VI DIRECTOR(S)

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

> Alexander L. Perez (Pres.) Victor H. Pena 5391 West 10 Ave. Hialeah, Fl. 33012

(Vice Pres.) 5112 S.W. 151 PL Miami, Fl. 33185

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ 28 Th ___ day of __ August

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

The nee	so and address of t	ha rasiatara		Estan Inc.	 ,
i ile ilai	ne and address of t	_	~	mice is:	
	Hlexa	nder L.	Perez		
		(NAME)			
	5391	w. 10	Aue		
	(P.O. B	OX <u>NOT</u> ACC	EPTABLE)	-	
	Hiale	ah, Fl.	33012		

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_

DATE_____8/28/9

REGISTERED AGENT FILING FEE: \$35.00

FILED