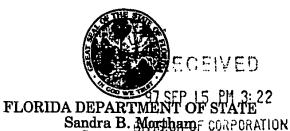
LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16 Address FLORIDA 33174 (305)552-5973 State/Zip Phone # City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 10000229169: -09/12/97--01075 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status NEWFILINGS AMENDMENTS (*** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger CONTERNATION RECETYED 97 SEP 12 AMII: 18 DIVISION OF CORPORATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other K. Rolle SEP 1 5 1497 1197-21090 Examiner's Initials

SEP 1 2 1997

CR2E031(1/95)



Secretary of State

September 12, 1997

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

SUBJECT: FLORIDA HEALTH NETWORK, INC. Ref. Number: W97000021090

We have received your document for FLORIDA HEALTH NETWORK, INC. and your check(s) totaling \$122.50. 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: 497A00045556

ARTICLES OF INCORPORATION

TATE PASSED IN SOME OF THE PASSED OF THE PAS

The undersigned incorporator(s), for the purpose of forming a corporation under the provide Region (s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

, FLORIDA DADE HEALTH NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

1825 PONCE DE LEON BLVD #382 CORAL GABLES, FL 33134-4418

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZEYRA COUCEIRO 1825 PONCE DE LEON #382 CORAL GABLES, FL 33134-4418

ARTICLE V INCORPORATOR(S)

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

ZEYRA COUCEIRO

1825 PONCE DE LEON BLVD # 382

CORAL GABLES, FL 33134-4418

ARTICLE VI DIRECTOR(S)

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

ZEYRA COUCEIRO

1825 PONCE DE LEON BLVD #382

CORAL GABLES, FL 33134-4418

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ________, 1997.

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.

he name and address of the registered agent and office is:						
ZEYRA COUC	EIRO					
	18. 700	1)	NAME)			
1825 PONCE	DE LEON	BLVD	#382			
	(P.O. I	BOX <u>N</u>	OT ACCE	PTABLE)	******
CORAL GABLE	S. FL 331	34-44	18			

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 97 SED LEADY SEE STATE 97 SED LEADY SEE FLORIDE FOR THE SECRETARY SERVICE STATE OF STATE OF