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LAZARUS CORPORAT	E INDUSTRIES, INC.		
890 S.W. 87 AVEN		776	
MIAMI, FLORIDA City/State/Zip LOCAL REPRESENTA	33174 (305)552-5973 Phone #)ffice Use Only	
	E(S) & DOCUMENT NUMBER(S),	(if I rown):	
1. PRECISIO (Corporation	N DIAGNOSTIC SO		
2. (Corporation	Name) (Document #)		
3(Corporation	Name) (Document #)	4000023485242	
4. (Corporation	Name) (Document #)	****122.50 ****122.50 *****122.50 ************************************	
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THE FILINGS AT	AMENDMENTS TO SEE		
Profit	Amendment	•	
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Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	5 20 20	
Other	Merger	. 9	
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Fictitious Name	Foreign Limited Partnership		
Name Reservation	Reinstatement	S S	
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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 | NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

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:

DAUIDIKEPNER 13231 S.W. 105 ST. Miami, FI, 33186

ARTICLE V INCORPORATOR(S)

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

DAVID J KERNER 13231 S.W. 105 ST. Miani, F1,733186

ARTICLE VI DIRECTOR(S)

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

DAVID J KERNER 13231 S.W. 105 ST, Miani Fl 33186

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 Statilles, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the registered office/regis ered agent, in the State of Florida.

The r	name of the corporation is: Recision Diagnostic Support I
The r	name and address of the registered agent and office is:
, r ,	DAULD I KEENER
	(NAME)
	13231 S.W. 105 ST
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miani F(33186
u	(CITY/STATE/ZIP)

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 FURTHE? 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 POSITIC VAS REGISTERED AGENT.

REGISTERED AGENT FILING FEE: \$35.00