FLORIDA 33174 (305) 552-5973 /State/Zip Phone # City/State/Zip Office Use Only LCCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time 2.00 Certificate of Stalus Will wait Photocopy Mail out NEWFILINGS AMENDMENTS Prolit Amendment Resignation of R.A., Officer/ Director NonProfit ****122.50 ****122.50 Change of Registered Agent **Limited Liability** Dissolution/Withdrawai Domestication Other Merger in including to Annual Report Foreign Fictilious Name Limited Pattnership Name Reservation Reinstalement Trademark Other Examiner's Initials DEC 0 1 1997 K. Rolfe CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 1, 1997

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

SUBJECT: SUNSET DIAGNOSTIC SERVICES CORP.

Ref. Number: W97000026758

We have received your document for SUNSET DIAGNOSTIC SERVICES CORP. 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: 197A0005667图

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:

DR. Dipprostic Services.

ARTICLE II PRINCIPAL OFFICE

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

9370 SW. 72 St Suit. A262. MIAMI, FIA 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Pujadas 16330 SW 45t MIAMI, FIA 33174.

ARTICLE V INCORPORATOR(S)

Luis Pojadas (President). 10330 SW HSt.
ORLANDO FERNANDEZ (Vice. President) 15484 SW 138 AVE

JORGE L. POUNdas CTRESURE/SECRETARY). 10330 SW 437.

The name(s) and street address(es) of the incorporator(s) to these Articles of

Incorporation is(are):

ARTICLE VI DIRECTOR(S)	
The name(s) and street address(es) of the director(s) to these Article Incorporation is(are):	
P) Luis Pujadas (VP) OR lando FERNAN de 1545W 138 AVE 10330 SW MST (S/T) MIAMI, FIA 33174 JORGE L. PUJA dAS	2)
MIAMI, FIA 33174 JORGE L. PULA dAS	ī
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this/0 day of, 19_97	of
Signature	-
Signature .	-
(Josephina HT	

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 name of the corporation is: DR. Dirgnostic Services
The name and address of the registered agent and office is:
Luis PuiAdas
(NAME)
10330 SW 4 ST
(P.O. BOX NOT ACCEPTABLE)
MIAMI FIA 33174
(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 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 DEC -2 PM 3: 57

TALLAHASSEE, TLORIDA

DATE

REGISTERED AGENT FILING FEE: \$35.00