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LAZARUS CORPORATE FILING SERVI	ICE, INC.				
(Requestor's Name)					
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(Address) MIAMI, FLORIDA (305)552-597	72		-03/11/98	8010560 50 ****12	014
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CORPORATION NAME(s) & DO	CUMENT NUMI	BER(S) (if known):			
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Other

Examiner's Initials

ARTICLES OF INCORPORATION

28 May 1, 150 All 200 8 2:00 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:

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:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

۲,

The name and address of the initial registered agent is:

ANDRES E-PEREZ = 15557 5.W. 155 CT. Miami, Pl. 33/87

ARTICLE V INCORPORATOR(S)

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

ANDRES E. PEREZ 15551 S.W. 155 CT MIAMI, F1. 33187

ARTICLE VI DIRECTOR(S)

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

ANDRES E- PEREZ (President) 15551 S.W. 155 CT MIAMI, Fl. 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this $\frac{10^{\frac{1}{2}}}{2}$ day of $\frac{MANCH}{2}$, 19 $\frac{98}{8}$.

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 name of the corporation is: PACIFIC HEALTH A-SSOCIATES - FAVC	CARE
2.	The name and address of the registered agent and office i	
	ANDRES E. PEREZ	
	(NAME)	P BB MAR SECKET ALLAH
	(P.O. BOX NOT ACCEPTABLE)	
	(P.O. BOX NOT ACCEPTABLE)	
	MIAMI, F1- 33187	
	(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.

DATE 03/10/98

REGISTERED AGENT FILING FEE: \$35.00