

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PROSTARGET CORPORATION

(Corporation Name)

(Document #)

100002620901--4

-08/20/98--01028--015

\*\*\*\*122.50 \*\*\*\*122.50

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED  
RECEIVED  
98 AUG 20  
TALLAHASSEE  
DIVISION OF CORPORATION FLORIDA  
PH 2:59

CERTIFICATE OF INCORPORATION  
OF  
PROSTARGET CORPORATION

FILED  
98 AUG 20 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate(s) themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is:

PROSTARGET CORPORATION

ARTICLE II. NATURE OF BUSINESS

The general Nature of the business to be transacted by this corporation is: to carry on a medical facility to provide specialized medical care and any other legal purposes and...

To conduct business in, have one or more officers in, and buy, hold, mortgage, sell, convey, lease, or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and licenses, in the State of Florida, and in all other states and countries.

To conduct debts and borrow money, issue and sell or pledge bonds, debentures, notes, and other evidence of indebtedness, and execute such mortgages, transfers or corporate property, or other instruments to secure the payment of corporate indebtedness as required.

To purchase the corporate assets of any other corporation

and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other corporation of the State of Florida or any other state government, and while owner of such stock, to exercise all rights, power and privileged of ownership, including the right to vote such stock.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at anytime is: 700 shares of common stock having a nominal of \$1.00 par value.

#### ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business is: \$700.00

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. ADDRESS

The initial post office address of the initial office of this corporation in the State of Florida is:

747 Ponce de Leon Boulevard  
Suite 700  
Coral Gables, Florida 33134

The Board of Directors may, from time to time, move the principal office to any other address in Florida.

#### ARTICLE VII. DIRECTORS

The corporation shall have one (1) Director initially.

The number of Director(s) may be increased or diminished from time to time, by-laws adopted by the stockholders, but shall never be less than one.

#### ARTICLE VIII. INITIAL DIRECTORS & OFFICERS

The names and post office address(es) of the member (s) of the first Board of Directors are:

NAME:	ADDRESS:	OFFICE:
JOSE M. WASMER	747 Ponce de Leon Blvd. Suite 700 Coral Gables, FL 33134	Pres./Dir.
LUIS F. MAGGIOLO	747 Ponce de Leon Blvd. Suite 700 Coral Gables, FL 33134	Vice Pres./Sec./Dir.

#### ARTICLE IX. SUBSCRIBERS

The name(s) and post office address(es) of each subscriber to these Article of Incorporation and percentages of shares of each subscriber is:

NAME:	ADDRESS:	
JOSE M. WASMER	747 Ponce de Leon Blvd. Suite 700 Coral Gables, FL 33134	50% of shares
LUIS F. MAGGIOLO	747 Ponce de Leon Blvd. Suite 700 Coral Gables, FL 33134	50% of shares


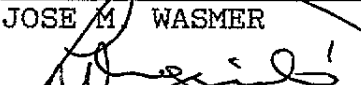
#### ARTICLE X. REGISTERED OFFICE AND REGISTERED AGENT

The registered office shall be : 747 Ponce de Leon Boulevard, Suite 700, Coral Gables, Florida 33134 and the resident agent is JOSE M. WASMER.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE.

ARTICLE XI AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon.

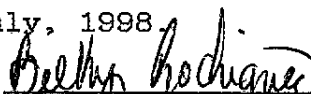
  
\_\_\_\_\_  
JOSE M. WASMER  
  
\_\_\_\_\_  
LUIS F. MAGGIOLO

NOTARY CERTIFICATE

STATE OF FLORIDA  
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared, JOSE M. WASMER and LUIS F. MAGGIOLO to me known to be the person(s) described as subscriber(s) in an who executed the foregoing described Articles of Incorporation, and they acknowledged before me that they subscribed their name hereto for the purpose therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 12 day of July, 1998.

  
\_\_\_\_\_  
NOTARY PUBLIC  
Print Name: BELKYS RODRIGUEZ

My Commission Expires:



BELKYS RODRIGUEZ  
My Commission CC441187  
Expires Feb. 23, 1999  
Bonded by HAI  
800-422-1555

ACKNOWLEDGEMENT

(Must be signed by Designated Registered Agent)

Having been named to accept service of process for the above

corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:   
JOSE M. WASMER  
Registered Agent

**FILED**  
98 AUG 20 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA