OFFIGURE ONLY (Deument)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

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 C

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_I	OCAL REPRESENTATIVE TALLAH	IASSEE	OFFICE USE ONLY		
C	ORPORATION NAME(S) & 1	DOCUMENT NUME	BER(S) (if known):	<b>Z.</b> 9	
1.	DIAG-MED	INC.		98 SE SECR	
2	(Corporation Name)		(Document #)	HASS	Comments
2.	(Corporation Name)		(Document #)	SEE F	
3.	(Corporation Name)		(Document #)		
4.	(Corporation Name)		(Document #)	51 ATE RIDA	-
	Walk in Pick up time	2100	Certified Copy		
	Mail out Will wait	Photocopy	Certificate of Status	•	
	NEW FILINGS		NIS		
ı	Profit	Amendment			
			A., Officer/Director		
	. Limited Liability	Change of Registe		<u></u>	
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	Other	Merger	1	<u> </u>	
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Limited Partnership

Reinstatement Trademark

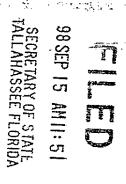
Other

CR2E031(9/92)

Fictitious Name

Name Reservation

Examiner's Initials



## 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:

### 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:

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HUMBERTO Medina 8600 NW South River DR #. 224 Medley FL 33166

# ARTICLE V INCORPORATOR(S)

	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 Articles of Incorporation is(are):

Humbelto Melina (P) 8600 NW 5 liven: Dr # 224 Medley FL 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ sept\_\_\_\_\_\_\_, 19 48\_.

Signature

Signature

Signature

# 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.

1.	The name of the corporation is: Diag - Med INC						
2.	The name and address of the registered agent and office is:						
	Humberto Meding (NAME)						
	(NAME)						
	8600 NW S. River Dr # 224  (P.O. BOX NOT ACCEPTABLE)  Medley FL 33166  (CITY/STATE/ZIP)						
	(P.O. BOX <u>NOT</u> ACCEPTABLE)						
	Medley FL 33166						
	(CITY/STATE/ZIP)						
PRODES REG AGR THE FAM	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ICESS FOR THE ABOVE STATED CORPORATION AT THE PLACE OF IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINMENT AS IISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND LAME IILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS IISTERED AGENT.						
	SIGNATURE H. Widin						
	DATE 9 (1 98						