

POC00009237

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LAZARUS CORPORATE FILING SERVICE, INC.  
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(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. STAT. PRIMARY CARE CENTER, INC.  
(Corporation Name) (Document #)
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

RECEIVED  
00 JAN 27 PM 1:52  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED

300003112833-0  
-01/27/00-01062-005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

ARTICLE V - INCORPORATOR(S)

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

- Yalexis Lorenzo
- 4907 SW 137 Court
- Miami, Florida 33175

  
Signature

Signature

Signature

ARTICLE VI- DIRECTOR(S)

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

Yalexis Lorenzo President, Vice - President, Secretary  
3300 W 8th Street  
Bay 4, Hialeah, FL 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
REGISTERED AGENT

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## 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:

\_\_\_\_\_  
STAT PRIMARY CARE CENTER, INC.  
\_\_\_\_\_

### ARTICLE II - PRINCIPAL OFFICE

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

\_\_\_\_\_  
3300 W. 84th Street  
Bay 4, Hialeah, Florida 33018  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ARTICLE III - SHARES

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

\_\_\_\_\_  
100  
\_\_\_\_\_

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

\_\_\_\_\_  
Yalexis Lorennzo  
\_\_\_\_\_

\_\_\_\_\_  
3300 W. 84th Street Bay 16  
\_\_\_\_\_

\_\_\_\_\_  
Hialeah, Florida 33018  
\_\_\_\_\_

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