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(Business Entity Name)

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W08-55248



700138878757

12/12/08--01002--018 \*\*78.75

RECEIVED  
08 DEC 11 PM 4:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
08 DEC 17 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KSP  
12/17

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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

1. HOMESTEAD CLINICAL RESEARCH  
(Corporation Name) (Document #)
2. GROUP, P.A.  
(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

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

#### AMENDMENTS

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

#### OTHER FILINGS

- Annual Report  
 Fictitious Name

#### REGISTRATION/QUALIFICATION

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2008

LAZARUS CORPORATE FILING SERVICE

SUBJECT: HOMESTEAD CLINICAL RESEARCH GROUP, P.A.  
Ref. Number: W08000055248

We have received your document for HOMESTEAD CLINICAL RESEARCH GROUP, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 908A00060175

RECEIVED  
08 DEC 15 AM 11:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2008

LAZARUS CORPORATE FILING SERVICE

SUBJECT: HOMESTEAD CLINICAL RESEARCH GROUP, P.A.  
Ref. Number: W08000055248

We have received your document for HOMESTEAD CLINICAL RESEARCH GROUP, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name of the entity must be identical throughout the document.

An effective date **may** be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 708A00060519

**ARTICLES OF INCORPORATION OF  
HOMESTEAD CLINICAL RESEARCH GROUP, P.A.**

**FILED**  
08 DEC 17 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – NAME**

The name of this Corporation is: HOMESTEAD CLINICAL RESEARCH GROUP, P.A.  
The street address for this Corporation is: 27501 EAST DIXIE HWY SUITE 200  
HOMESTEAD, FLA 33032

**ARTICLE II – PURPOSE**

This Corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the United State of Florida. *The specific nature of business is Medical Practice.*

**ARTICLE III – CAPITAL STOCK**

This Corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

**ARTICLE IV – PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash or any new common stock of this corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Corporation is:  
27501 EAST DIXIE HWY SUITE 200 HOMESTEAD, FLA 33032.  
And the name of the initial registered agent of this corporation at such address is:

HECTOR M. MALDONADO

**ARTICLE VI – INITIAL BOARD OF DIRECTOR**

This Corporation shall have two directors initially. The number of directors may be either increased from time to time by the by-laws, but shall never be less than two (2).  
The initial directors of this Corporation are:

HECTOR M. MALDONADO  
MICHAEL MENENDEZ

**ARTICLE VII - INCORPORATOR**

The name and address of the person signing this Article is:

HECTOR M. MALDONADO  
7551 S.W. 187<sup>TH</sup> STREET  
CUTLER BAY, FLA 33157

**ARTICLE VIII – INDEMNIFICATION**

The Corporation shall indemnify any officer or director, or any former officers or director, or any former officers or directors to the full extent permitted by law.

**ARTICLE IX – BY -LAWS**

The power to adopt, alter, amend or repeal by – laws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 9<sup>TH</sup> DAY OF DECEMBER 2008.

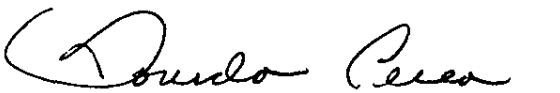
  
\_\_\_\_\_  
HECTOR M. MALDONADO  
INCORPORATOR

**STATE OF FLORIDA)**

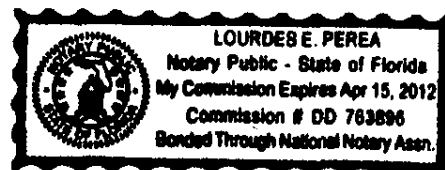
**COUNTY OF DADE)**

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared HECTOR M. MALDONADO known to me an known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in the state and County aforesaid this 9<sup>TH</sup> DAY of DECEMBER, 2008



LOURDES E. PEREA  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE



My Commission Expires:

FILED  
08 DEC 17 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING THE ADDRESS AND AN  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**WITNESSETH:**

That HOMESTEAD CLINICAL RESEARCH GROUP, P.A., desiring to organize under the laws of the State of Florida, which will have its principal office in the County of Dade, State of Florida, has appointed, HECTOR M. MALDONADO as its agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named by the Board of Directors of HOMESTEAD CLINICAL RESEARCH GROUP, P.A. to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby agree to act in the capacity of Registered Agent for said Corporation, and agree to comply with the applicable provision of the Florida Statutes, this 9TH DAY of DECEMBER 2008.



HECTOR M. MALDONADO  
REGISTER AGENT