P95000000092

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)

890 S.W. 87 AVENUE #16
(Address)

MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

400001375104
-01/10/95--01098--003
****122.50 ****122.50

OFFICE USE ONLY

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

1. Home CARE PROVIDERS INC.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

95 JAN -3 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[X] Walk in [X] Pick up time 2:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	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
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

1/3/94

Examiner's Initials	

CR2E031(9/92)

95 JAN -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

[redacted] incorporator(s), for the purpose of forming a corporation under the [redacted] Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Home Care Providers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2001 N.W. 7th Street
Miami, FLorida 33125

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hiliana C. Farradaz
1664 West 42nd Street
Hialeah, Florida 33012

ARTICLE V INCORPORATOR(S)

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

[redacted]rradaz 1664 West 42nd Street, Hialeah, FL 33012

[redacted] 1664 West 42nd Street, Hialeah, FL 33012

Rene Perez 6161 East 3rd Avenue, Hialeah, FL 33013

ARTICLE VI DIRECTOR(S)

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

Hiliana C. Farradaz 1664 West 42nd Street, Hialeah, FL 33012

Aldo Farradaz 1664 West 42nd Street, Hialeah, FL 33012

Rene Perez 6161 East 3rd Avenue, Hialeah, FL 33013

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30th day of December, 19 94.

x Rene Perez
Signature

x Hiliana Farradaz
Signature

x
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.

[redacted]rporation is: Home Care Providers, Inc.

2. The name and address of the registered agent and office is:

Hiliana C. Farradaz
(NAME)

1664 West 42nd Street
(P.O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33012
(CITY/STATE/ZIP)

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95 JAN -3 PM 12:42
TALLAHASSEE, FLORIDA

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.

SIGNATURE Hiliana C. Farradaz

DATE 12-30-94

REGISTERED AGENT FILING FEE: $35.00

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000092

1. Corporation Name
HOME CARE PROVIDERS, INC.

REINSTATEMENT all fees 12/2/96

Principal Place of Business / Mailing Address
310 N.W. 107 Avenue, Apt. 204
Miami, FL 33172

3. Date Incorporated or Qualified: 1-3-95
3a. Date of Last Report:

2. Principal Place of Business
21 310 NW 107 AVE
Suite, Apt. #, etc.
22 #204
City & State
23 MIAMI, FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 310 NW 107 AVE
Suite, Apt. #, etc.
27 #204
City & State
28 MIAMI, FL
Zip 29 33172 Country 30 USA

4. FEI Number: 65-0541697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HILIANA C. FARRADAZ
1664 W. 42nd STREET
HIALEAH, FL 33012

10. Name and Address of New Registered Agent
81 Name: MARIA I MENA
82 Street Address (P.O. Box Number is Not Acceptable): 310 NW 107 Avenue
83 Apt. 204
84 City: MIAMI FL 86 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (NOTE: Former registered agent's signature required when reinstating) DATE: 11/19/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. HILIANA C FARRADAZ 1664 W 42 STREET HIALEAH, FL 33012	☒ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	PRESIDENT & DIRECTOR MARIA I. MENA 310 NW 107 AVE, # 204 MIAMI, FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALDO FARRADAZ 1664 W 42 STREET HIALEAH, FL 33012	☒ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RENE PEREZ 6161 E 3RD AVENUE HIALEAH, FL 33013	☒ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	700002020647--3 -12/05/96--01030--008 ****375.00 ****375.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] HILIANA C. FARRADAZ 7/27/96 (305) 826-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 11/16/96