

P9500000/528

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

100001385271  
-01/20/95--01058--002  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

(904)385-6735

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

1. CITY CARE MEDICAL SERVICES, 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

RECEIVED  
TALLAHASSEE, FLORIDA  
JAN -5 PM 1:35  
FBI

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

1/6/95  
Examiner's Initials

ARTICLES OF INCORPORATION  
OF

CITY CARE MEDICAL SERVICES, INC.

THE UNDERSIGNED, has executed the following document  
as incorporator of the above named corporation, a corporation  
organized under the laws of the State of Florida, and all  
rights, duties and obligations of the undersigned as incor-  
porator, and those of the corporation, are to be determined  
in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CITY CARE MEDICAL SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the  
filing of these Articles of Incorporation by the Department  
of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and  
purposes proposed to be transacted and carried on by this  
corporation are to do any and all of the things herein  
mentioned, as fully and to the same extent as natural per-  
sons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate  
name,

CITY CARE MEDICAL SERVICES, INC.

55 JUN -6 PM 1:35  
TALLAHASSEE, FLORIDA

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$50.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial <sup>principal</sup> registered office and the name of the initial Resident Agent of this corporation shall be:

JOSE I. GARCIA  
8381 NW. 68 ST.  
MIAMI, FL. 33166

THE REGISTERED AGENT ADDRESS IS:

1105 SW. 117ct.  
MIAMI, FL. 33184

ARTICLE VI


The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

JOSE I. GARCIA  
1105 SW. 117ct.  
MIAMI, FL. 33184

The name and address of the incorporator executing these Articles of Incorporation is:

JOSE I. GARCIA  
1105 SW. 117ct.  
MIAMI, FL. 33184

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 05 day of JANUARY, 19 95

  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: CITY CARE MEDICAL SERVICES, INC.

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

JOSE I. GARCIA  
(NAME)

1105 SW. 117 ct.  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33184  
(CITY/STATE/ZIP)

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 

DATE 05 JANUARY OF 1.995

95 JAN -6 PM 1:35  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-11-01 BY 60322