

P95000004022

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

500001388585
-01/24/95--01/34--029
****122.50 ****122.50

OFFICE USE ONLY

(904)385-6735

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

1. FAMILY CARE medical clinic
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

EFFECTIVE DATE

12-95

- ☒ 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

TALLAHASSEE, FLORIDA

95 JUL 17 AM 8:04

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 13, 1995

LAZARUS

MIAMI, FL

SUBJECT: FAMILY CARE MEDICAL CLINIC, INC.
Ref. Number: W95000001066

We have received your document for FAMILY CARE MEDICAL CLINIC, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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 (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 395A00001728

ARTICLES OF INCORPORATION

Article I - Name

The name of this corporation is FAMILY CARE MEDICAL CLINIC, Inc.

EFFECTIVE DATE

Article II - Duration

This corporation shall have perpetual existence commencing on ~~the date of execution and acknowledgement of these articles~~ JANUARY 12, 1995.

Article III - Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

Article IV - Capital Stock

This corporation is authorized to issue 100 shares of NON par value Common Stock which shall be designated "Common Shares".

Article V - Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this new corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

Article VI - Corporate Existence

This corporation shall exist perpetually unless sooner dissolved according to law.

Article VII - Principal Place of Business

The principal place of business of said corporation shall be at: 330 S.W. 27th Ave., Suite 605, Miami, Fl. 33135 with the privilege of having branch offices at other places within or without the State of Florida.

Article VIII - Number of Directors

The number of Directors of this corporation shall be one.

Article IX - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 330 S.W. 27th Ave., Suite 605, Miami, Fl. 33135 and the name of the initial registered agent of this corporation at that address is NORELA MAYA.

Article X - Initial Board of Directors

This corporation shall have 1 director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The names and addresses of the initial directors of this corporation are:

NORELA MAYA
330 S.W. 27TH AVENUE
SUITE 605
MIAMI, FLORIDA 33135

Article XI

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute or set out in the corporate By-Laws, so long as same does not conflict with the Florida Statutes.

The Directors of this corporation shall have the power to make or amend the By-Laws to fix any amount to be reserved for working capital.

The private property of the stockholders shall not be subject to the payment of the corporate debts in any extent whatever. The corporation shall have a first lien on the indebtedness of such members of the corporation.

Article XII

The officers of the corporation shall be controlled by the Board of Directors, and each resolution shall require the approval by majority vote of all directors before its adoption as a corporate act.

No person shall be required to own, hold, or control stock in this corporation as a condition precedent to holding an office in this corporation.

The original incorporators of this corporation shall have the right, upon its organization, to assign and deliver their subscription as stock as set forth in Article XI hereof, to any other person, or to firms or corporations who may hereafter become subscribers to the capital stock of the corporation, who, upon acceptance of said assignment, shall stand in lieu of the original incorporators, and assume and carry out all the rights, liabilities and duties entailed by said subscribers, subject to the laws of the State of Florida, and the execution of the necessary instruments of assignment.

Article XIII - Incorporator

The name and address of the person signing these articles is NORELA MAYA, 330 S.W. 27TH AVENUE, SUITE 605, MIAMI, FL. 33135.

- 4 -

IN WITNESS WHEREOF, the undersigned subscribers, NORELA MAYA, have executed these Articles of Incorporation this ~~10~~¹⁰th day of ~~January~~^{September} 1994

Norela Maya
NORELA MAYA

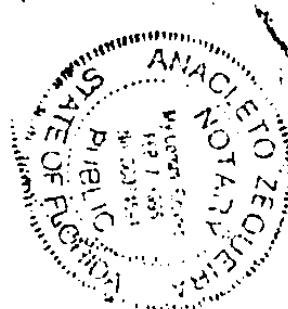
STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and County set forth above, personally appeared NORELA MAYA, known by me to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 10th day of ~~January~~^{September} 1994.

Anacleto Zecura
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
JUN 17 AM 8:04
TALLAHASSEE, FLORIDA

Persuant to the provisions of section 607.0501, 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.

First: That FAMILY CARE MEDICAL CLINIC,^{INC} desiring to organize under the Laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named NORELA MAYA located at Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

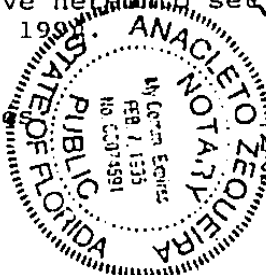
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING 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

Norela Maya
Norela Maya

IN WITNESS WHEREOF, we have made these Articles of Incorporation and have hereunto set our hands and seals this 10 th day of September, 1997.

My commissions expires



NOTARY PUBLIC
STATE OF FLORIDA

P9500000 4022

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

FILED
95 FEB -6 PM 12 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Office Use Only

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

1. FAMILY CARE MEDICAL CLINIC INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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
95 JAN 26 AM 10:42
DIVISION OF CORPORATION

500001638055
-01/26/96--01041--029
*****35.00 *****35.00

Amendments
2/6/96

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 26, 1996

LAZARUS

SUBJECT: FAMILY CARE MEDICAL CLINIC, INC.
Ref. Number: P95000004022

We have received your document for FAMILY CARE MEDICAL CLINIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE STATE WHAT ARTICLE X IS AMENDING AND INCLUDE AN ADDRESS FOR THE NEW PERSON LISTED. PLEASE INDICATE WHETHER OR NOT THE REGISTERED AGENT IS BEING CHANGED. OUR RECORDS REFLECT Yael Dorville BEING THE CURRENT REGISTERED AGENT. IF THERE IS A NEW REGISTERED AGENT, THAT PERSON MUST SIGN AND STATE THAT THEY ACCEPT THE DUTIES OF BEING THE REGISTERED AGENT. IF THE AMENDMENT SHOULD BE ADOPTED BY THE SHAREHOLDERS THEN THE AMENDMENT WILL NEED TO BE SIGNED BY AN OFFICER.

Please return 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 (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 996A00003569

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

FAMILY CARE MEDICAL CLINIC, INC.
(present name)

FILED
53 FEB -6 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Amending
ARTICLE IX-REGISTERED AGENT NAME & ADDRESS

NORELA MAYA

330 SW 27th Ave. #605, Miami, Fl. 33125

Amending
ARTICLE X-DIRECTOR NAME & ADDRESS

NORELA MAYA

330 SW 27th Ave, #605, Miami, Fl. 33125

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows: N/A

THIRD: The date of each amendment's adoption: NOVEMBER 5/95

FOURTH: Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval by SHAREHOLDER
(voting group)

(continued)

Signed this 5th day of November, 1995.

By [Signature]
(Chairman, or Vice Chairman of the Board of Directors, President or
other officer if adopted by the shareholders)
or
(A director or incorporator if adopted by the directors or incorporators)

YANEL DORVILLE
(Typed or printed name)
DIRECTOR & REGISTER AGENT
president (Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE 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 MY POSITION AS
REGISTERED AGENT.

SIGNATURE [Signature]
DATE NOVEMBER 5, 1995

Charter Number Only

P95000004022

DATE
ONLY

500001510485
-06/12/95--01010--018
*****35.00 *****35.00

LAZARUS CORPORATE INDUSTRIES

Requestor's Name

890 S.W. 87 Ave. Suite 16

Address

MIAMI, FL 33165 305-552-5973

City State ZIP Phone

local rep. TERESA ROMAN 385-6735

CORPORATION(S) NAME

Family Care Medical Clinic, Inc.

Amend

RECEIVED
95 JUN -6 PM 3:35
DIVISION OF CORPORATION

- | | | |
|----------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input checked="" type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name	ADL
Availability	ADL
Document	ADL
Examiner	ADL
Updater	ADL
Verifier	ADL
Acknowledgment	ADL
W.P. Verifier	ADL

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FAMILY CARE MEDICAL CLINIC, INC.

(P95000004022)

(present name)

FILED
95 JUN -6 PM 3:33
SEC. TALLER

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted; (indicate article number(s) being amended, added or deleted)

ARTICLE IX-REGISTERED AGENT:

THE NEW REGISTERED AGENT WILL BE: Yael Dorville

ARTICLE X-DIRECTORS:

THE NEW NAME OF THE BOARD OF DIRECTORS WILL BE: (P/VP/S/T)
Yael Dorville

ADDRESS: 330 S.W. 27th AVENUE, SUITE: 605, MIAMI, FL. 33135

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 5/31/95

FOURTH: Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

(continued)

Signed this 31st day of MAY, 19, 95.

By Norela Maya
(Chairman or Vice Chairman of the Board of Directors, President or other officer, adopted by the shareholders)
 OR
(A director or incorporator if adopted by the directors or incorporators)

NORELA MAYA
(Typed or printed name)
DIRECTOR & REGISTER AGENT.
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE Yael Dorville
Yael Dorville
 DATE 5/31/95