

P9500006619

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

SOLICIT 1382649
-01/30/95--01/30--038
****122.50 ****122.50

OFFICE USE ONLY

(904) 385-6735

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

1. Rel State Medical Billing, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy

☐ 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

Complete # VII
1/25/95
1/25/95



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 24, 1995

LAZARUS

MIAMI, FL

SUBJECT: ALL STATE MEDICAL BILLING, INC.
Ref. Number: W95000001649

We have received your document for ALL STATE MEDICAL BILLING, 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):

Please complete Article(s) VII.

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: 595A00002951

CERTIFICATE OF INCORPORATION
OF
ALL STATE MEDICAL BILLING, INC

THE UNDERSIGNED, EACH A NATURAL PERSON COMPETENT TO CONTRACT FOR THE PURPOSE OF FORMIN A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, HEREBY ADOPT (S) THE FOLLOWING ARTICLE OF INCORPORATION FOR SUCH CORPORATION.

ARTICLE I- CORPORATE NAME

THE NAME OF THIS CORPORATION SHALL BE: ALL STATE MEDICAL BILLING INC

ARTICLE II NATURE OF BUSINESS:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATE OF AMERICA AND OF THE STATE OF FLORIDA.

ARTICLE III- AUTHORIZED CAPITAL STOCK

THE MAXIMUM NUMBERS OF SHARE OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING IS FIVE HUNDRED SHARES (500) HAVING A PAR VALUE OF ONE DOLLAR PER SHARE (\$ 1.00).

ARTICLE IV - INITIAL CAPITAL

THE AMOUNT OF CAPITALWITH WHICH THIS CORPORATION WILL BEGIN BUSINESS SHALL BE NO LESS THAN FIVE HUNDRED (500.00) DOLLARS.

ARTICLE V - OTHERS

THE CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED PURSUANT TO A PLAN UNDER SECTION 1244 OF THE INTERNAL REVENUE CODE. AND SUBSEQUENT CHANGES AND MODIFICATIONS . ALL OF THE STOCKS AND SECURITIES IN LIEU OF CASH OR AT JUST VALUATION TO BE DETERMINE BY THE BOARD OF DIRECTORS.

ARTICLE VI - TERM OF EXISTENCE

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VII INITIAL ADDRESS

THE INITIAL STREET ADDRESS IN THIS STATE OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE: 2345 S.W. 128 Ave.
Miami, Fl. 33175

ARTICLE VIII - DIRECTORS

THE NUMBERS OF DIRECTORS OF THIS CORPORATION SHALL BE NO LESS THAN ONE.

THE NAME AND STREET ADDRESS (ES) OF EACH MEMBER OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

NAME	ADDRESS
TERESITA CAPILLA	2345 S.W. 128 AVE MIAMI FL 33175

ARTICLE IX -SUSCRIBER (S)

THE NAME AND STREET ADDRESS OF EACH PERSON SIGNING THIS ARTICLES OF INCORPORATION AS A SUBSCRIBER ARE AS FOLLOWS:

TERESITA CAPILLA 2345 S.W. 128 AVE MIAMI, FL 33175

ARTICLE X - RESIDENT AGENT

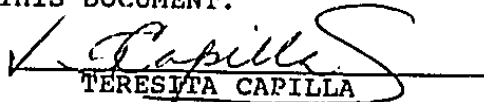
THE NAME OF THE RESIDENT AGENT OF THIS CORPORATION AND THE STREET ADDRESS OF THE PLACE OF BUSINESS LOCATION FOR SERVICE PROCESS WITHIN THIS STATE IS: 2345 S.W. 128 AVE, MIAMI FLA 33175

THE SAID RESIDENT AGENT SHALL SERVE UNTIL HIS SUCESSOR IS DESIGNATED BY THE BOARD OF DIRECTORS OF THE CORPORATION.

THE SAID RESIDENTE AGENT, ACCEPT THIS DESIGNATION AS RESIDENT AGENT AS EVIDENCE OF SIGNATURE BELOW, AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48.091, FS, RELATIVE TO ACCEPTING THIS OFFICE.

HAVING BEIN NAMED AS REGISTERED AGENT FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED.

I HEREBY ACCEPT THE APPOINTMENT AS REGISTER AGENT AND AGREE TO ACT IN THIS CAPACITY, BY SIGNING THIS DOCUMENT.


TERESITA CAPILLA

IN WITNESS WHEREOF, THE UNDERSIGNED (S) SUBSCRIBER (S)
INCORPORATOR (S); HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE, AND
CERTIFY THAT THE FOREGOING ARTICLES OF INCORPORATION ARE TRUE
AND CORRECT AND HAVE HERE UNTO SET OUR "AND (S) AND SEAL
THIS 23 Jan 1995

T Capilla

STATE OF FLORIDA
COUNTY OF DADE, SS

BEFORE ME, THIS DAY PERSONALLY APPEARED:
TERESITA CAPILLA

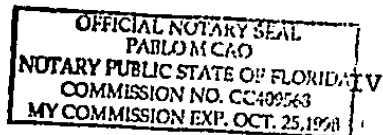
KNOWN TO ME TO BE THE PERSON (S) DESCRIBED IN, AND WHO
EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION AND
ACKNOWLEDGE BEFORE ME; THAT HE (THEY) EXECUTED SAME
FREELY AND VOLUNTARILY FOR THE PURPOSE HEREIN STATED.

WITNESS MY HAND AND OFFICIAL SEAL AT;

MIAMI, DADE COUNTY, FLORIDA, THIS 23 OF Jan 1995

NOTARY PUBLIC OF THE STATE
OF FLORIDA AT LARGE
Pablo M. Cao

MY COMMISSION EXPIRES:



STATE
TALLAHASSEE, FLORIDA

95 JAN 25 PM 2:43

FILED