

P95000007397

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

400001394604
 -01/31/93--01110--015
 ****122.50 ****122.50

OFFICE USE ONLY

(904)385-6735

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

1. C.A.D. Diagnostics, 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

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

[Handwritten signature]

Examiner's Initials

ARTICLES OF INCORPORATION

OF

C.A.P. DIAGNOSTICS, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

C.A. P. DIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

4501 PALM AVENUE SUITE 4517
HIALEAH, FL 33012

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROMULO CLAVELLO
540 BRICKELL KEY DRIVE # 830
MIAMI, FL 33131

RECORDED

55 JUN 27 PM 2:55

FILED

ARTICLE V INCORPORATOR(S)


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

- ROMULO CLAVELO
540 BRICKELL KEY DRIVE
#830
MIAMI, FL. 33131

- PRESIDENT /SECRETARY - 100% SHARES

The undersigned has(have) executed these Articles of Incorporation
This

_____ 25 _____ day of _____ JANUARY _____, 19 95



Signature/Title

ROMULO CLAVELO
PRESIDENT/SECRETARY

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statute, 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: C.A.P. DIAGNOSTICS, INC.

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

ROMULO CLAVELO

(NAME)

540 BRICKELL KEY DRIVE # 830

P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33131

CITY/STATE/ZIP

SIGNATURE *R. Clavelo*

(corporate officer)

TITLE ROMULO CLAVELO
SECRETARY/PRESIDENT

DATE _____

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 *R. Clavelo*

ROMULO CLAVELO

DATE _____

P95000007397

Manuel L. Rivera
Accountant
1313 Ponce de Leon Blvd., Suite 300
Coral Gables, Florida 33134

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

1 _____ (Corporation Name) (Document #)
2 _____ (Corporation Name) (Document #)
3 _____ (Corporation Name) (Document #) 600001821306
-05/14/96--01130--016
*****87.50 *****87.50
4 _____ (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

55 MAY 13 PM 1:08
RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JUDICIAL
BRANCH 13

Examiner's Initials

ARTICLE OF AMENDMENT
OF
C.A.P. DIAGNOSTICS, INC.

1. Article ONE of the Articles of Incorporation of
C.A.P. DIAGNOSTICS, INC. , a Florida corporation,
is hereby amended to read:

ARTICLE ONE

NAME

The name of this corporation is:
ELI HOME CARE, INC.

2. The foregoing amendment was adopted by written
action of all the shareholders and all the Directors of this
corporation on MAY 2 , 1996 .

IN WITNESS WHEREOF, the President and Secretary of
this Corporation have executed these Articles of Amendment
this day of MAY 2 , 1996 .

BY: ELIZABETH RUIZ

ELIZABETH RUIZ
PRESIDENT

BY: ELIZABETH RUIZ

ELIZABETH RUIZ
SECRETARY

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 ELIZABETH RUIZ , as President and
ELIZABETH RUIZ , as Secretary of C.A.P. DIAGNOSTICS INC.
a Florida corporation, known to me and known
by me to be the person(s) who executed the foregoing
Articles of Amendment and they acknowledged before me that
they executed those Articles of Amendment.

IN WITNESS WHEREOF, I have hereunto set my hand
and seal, in the State and County aforesaid, this 6TH day
of MAY , 1996 .

MERCY TREJOS
NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE

MY COMMISSION EXPIRES:

