

P95000007700

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

200001395722

-02/01/95--01088--015

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. ALL MEDICAL DEPOT OF WAUG, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ 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	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	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

55 JAN 30 PM 2:35

FILED

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
ALL MEDICAL DEPOT OF DADE, INC.

FILED  
95 JAN 30 PM 2:35  
TALLAHASSEE, FLORIDA

We, the undersigned subscribers of these Articles of Incorporation, a natural person, competent to contract and desiring to form a corporation under the laws of the State Of Florida, hereby certify as follows:

I

The name of the proposed corporation is:

ALL MEDICAL DEPOT OF DADE, INC.

II

The corporation may engage in all activity or business permitted under the laws of the United States and of the State Of Florida.

III

The number of shares of stock which the Corporation is authorized to have outstanding at any time shall be:

ONE THOUSAND shares with \$ 1.00 par value

IV

This corporation shall have perpetual existence beginning on the date of incorporation.

V

The principal business office of the Corporation shall be located at:

4201 S.W. 11 Street, Miami, Florida 33134

or at such other place as may later be designated by the Board of Directors, with branch offices in such other cities, towns, states, or countries as may, from time to time, be authorized by the Board of Directors.

VI

The initial registered office of this Corporation shall be:

4201 S.W. 11 Street, Miami, Florida 33134

And, the Registered Agent at such registered address is:

RAUL D. CABRERA

VII

The business of this Corporation shall be conducted by a Board of Directors which shall consist of not less than one (1), and not more than nine (9) as shall from time to time be designated in by the shareholders of this Corporation, and a majority thereof shall constitute a quorum for the transaction of all business.

VIII

The name and street address of each person who is to serve as a member of the initial Board of Directors, who, subject to the provisions of these Articles of Incorporation, the By Laws of this Corporation and the Laws of the State of Florida, shall hold office for the first year of corporate existence or until their successors are elected and are duly qualified are:

NAME	ADDRESS
MADERLENE S. CABRERA	4201 S.W. 11 Street Miami, Florida 33134
MARGARITA BALLOVERAS	4201 S.W. 11 Street Miami, Florida 33134

IX

The name and street address of each incorporator is:

NAME	ADDRESS
MADERLENE S. CABRERA	4201 S.W. 11 Street Miami, Florida 33134
MARGARITA BAI LOVERAS	4201 S.W. 11 Street Miami, Florida 33134

X

The By Laws of this Corporation may be created, amended, or changed by either the Stockholders or the Directors at any regular or duly scheduled special meeting.

XI

This Corporation shall have, in addition to a President, Vice-President, Secretary and or Treasurer, such other additional officers as may be created from time to time by and under the authorization of its By Laws.

XII

All officers, agents, authorized shall be chosen in such manner, hold their offices for such terms, and have such powers and duties as may be prescribed by the By Laws or determined by the Board of Directors. Any person may hold two or more offices.

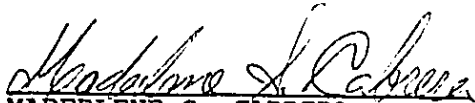
XII

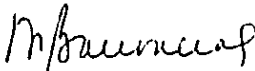
Every person who now is or hereafter shall become a Director of this corporation shall be indemnified by the Corporation against all costs and is or hereafter including (attorney fees ) hereafter reasonably incurred by or imposed upon him in connection with, or resulting from any action, suit or proceedings of whatever nature, to which he is or shall be made part by reason of his being or having been a Director of the Corporation whether or not he is a Director of the Corporation at the time he is made a party to such action, suit or proceeding, or at the time such cost or expense is incurred by or imposed upon him.

However, an exception to the above shall be made in relation to matters as to which he shall finally be adjudged in such action, suits or proceedings, to have been derelict in the performance of the duties imposed upon him or her as such Director.

The right of indemnification herein provided shall not be exclusive of other rights to which any such person may now or hereafter be entitled as a matter of law.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Incorporation this 25th day of January, 1995.

  
MADERLENE S. CABRERA

  
MARGARITA BALLOVERAS

STATE OF FLORIDA)

SS:

COUNTY OF DADE)

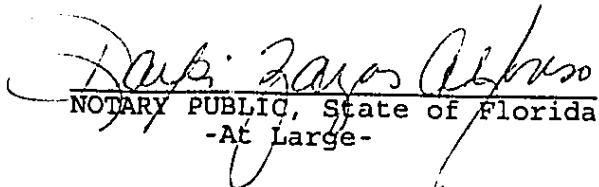
I HEREBY CERTIFY that on the 25th day of January, 1995, personally appeared before me, an authorized officer(s) duly commissioned to administer oaths and take acknowledgments,

MADERLENE S. CABRERA and MARGARITA BALLOVERAS

to me well known and known to me to be the person(s) who executed the foregoing Articles Of Incorporation and who acknowledged that it was signed and executed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, the day and year first above written.

Dade County, Florida,

  
NOTARY PUBLIC, State of Florida  
-At Large-

My Commission Expires:

\_\_\_\_\_



DAYSI ZAYAS ALFONSO  
COMMISSION # CC 393219  
EXPIRES JUL 17, 1998  
BONDED THRU  
ATLANTIC BONDING CO., INC.

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT OFFICE

Pursuant 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.

The name of the corporation is:

ALL MEDICAL DEPOT OF DADE, INC.

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

RAUL D. CABRERA  
4201 S.W. 11TH STREET MIAMI, FLORIDA 33134

Signature *Raul D. Cabrera*  
(corporate officer)

Date 1/25/95

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature *Raul D. Cabrera*

Date 1/25/95

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RECEIVED

95 FEB 24 AM 11:21

DIVISION OF CORPORATION

FILED  
95 FEB 24 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Requestor's Name)

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(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

(904) 385-6735

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

500001424775

-03/03/95--01087--021

\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. All Medical Dept of Dade Ave.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Sherron GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT take out office  
DATE 2/24/95  
DOO. EXAM Sherron

Examiner's Initials



FILED

95 FEB 24 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
OF  
ALL MEDICAL DEPOT OF DADE, INC.

I, the undersigned incorporators and directors of ALL MEDICAL DEPOT OF DADE, INC. hereby certify as follows:

I

The name of the corporation is:

ALL MEDICAL DEPOT OF DADE, INC.

II


The articles are hereby amended to remove MADERLENE S. CABRERA and MARGARITA BALLOVERAS as Initial Directors and Incorporators and to add RAUL D. CABRERA as President, Secretary, Treasurer and Director, adopted ~~effective~~ February 2, 1995.

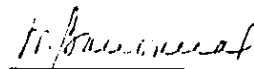
III

The amendment is being made by the incorporators and directors prior to the issuance of any stock.

The address of the corporation is 4201 S.W. 11 Street, Miami, Florida 33134.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Amendment this 2nd day of February, 1995.

  
MADERLENE S. CABRERA  
Director and Incorporator

  
MARGARITA BALLOVERAS  
Director and Incorporator

STATE OF FLORIDA)

ss:

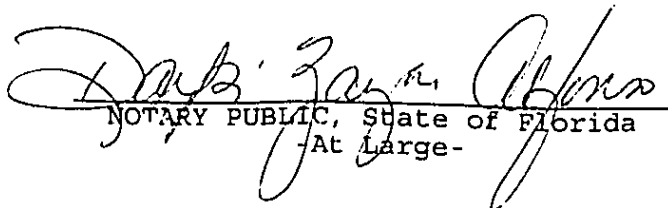
COUNTY OF DADE)

I HEREBY CERTIFY that on the 2nd day of February, 1995, personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments,

MADERLENE S. CABRERA and MARGARITA BALLOVERAS

to me well known and known to me to be the person(s) who executed the foregoing ARTICLES OF AMENDMENT and who acknowledged that it was signed and executed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, the day and year first above written.

  
NOTARY PUBLIC, State of Florida  
-At Large-

My Commission Expires:

\_\_\_\_\_



DAYSI ZAYAS ALFONSO  
COMMISSION # CC 393219  
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