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TRANSMITTAL LETTER

FILED
95 JAN 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 24, 1995

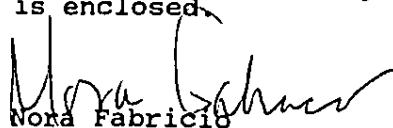
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

700001393467
-01/31/95--01008--016
****122.50 ****122.50

SUBJECT: LUNER MEDICAL CARE OF FLORIDA, INC.

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above mentioned corporation. The check in the amount of \$122.50 is enclosed.


Nora Fabricio
2754 N.W. North River Drive
Miami FL 33125



**ARTICLES OF INCORPORATION
OF
LUNER MEDICAL CARE OF FLORIDA, INC.**

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TALLAHASSEE, FLORIDA

The undersigned natural person acting as incorporator of a corporation under the provisions of the Florida General Corporation Act, hereby adopts the following ARTICLES OF INCORPORATION:

**ARTICLE I
NAME AND ADDRESS OF THE CORPORATION**

The name and address of the Corporation are:

Luner Medical Care of Florida
2754 N.W. North River Drive
Miami FL 33142

**ARTICLE II
DURATION**

The period of duration of the Corporation is: Perpetual

**ARTICLE III
PURPOSE**

The purpose of the Corporation is: To engage for profit in the transaction of business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
CAPITAL**

The corporation shall have authority to issue and have outstanding not more than SEVEN THOUSAND FIVE HUNDRED (7,500) shares of common stock, each having a par value of ONE DOLLAR.

The Stock shall be payable in cash, property, labor or any other services at a just valuation to be fixed by the Board of Directors at a meeting called for that purpose.

**ARTICLE V
INITIAL REGISTERED ADDRESS
REGISTERED AGENT**

The initial registered address of the Corporation is 2754 N.W. North River Drive, Miami FL 33142, and the initial Registered Agent of the Corporation is Nora Fabricio, an individual resident of the State of Florida, whose business office is at 2754 N.W. North River Drive, Miami FL 33142.

**ARTICLE VI
DIRECTORS**

The Corporation shall have TWO Directors initially, whose name and street address are as follows:

NAME	ADDRESS
Rosario Arrondo	2754 N.W. North River Drive Miami FL 33142
Nora Fabricio	2754 N.W. North River Drive Miami FL 33142

**ARTICLE VII
OFFICERS**

The initial officer of the Corporation and her address is:

PRESIDENT, TREASURER, AND SECRETARY:	Rosario Arrondo 2754 N.W. North River Drive Miami FL 33142
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EXECUTED THIS 24th day of January, 1995, in Miami, Florida.

Nora Fabricio
Incorporator
Rosario Arrondo
Incorporator

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, 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 and address of the Corporation is

Luner Medical Care of Florida, Inc.
2754 N.W. North River Drive
Miami FL 33125

2. The name and address of the Registered Agent and office is

Nora Fabricio
2754 N.W. North River Drive
Miami FL 33125

Rosario Armenta
Corporate Officer

TITLE: PRESIDENT

January 26, 1994
Date

VERIFICATION

STATE OF FLORIDA)
COUNTY OF DADE)

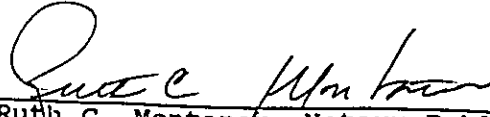
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I, the undersigned, a Notary Public, duly commissioned to take acknowledgment and administer oaths in the State of Florida, do hereby certify that on this day personally appeared before me

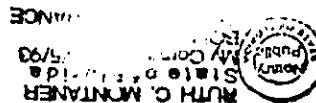
Nora Fabricio

Who, being by me first duly sworn, declared that she is the Incorporator referred to in Article VIII of the foregoing Articles of Incorporation, and that she signed these articles as such, and that the statements contained therein are true.

WITNESS my hand and seal this 24th day of January, 1995.


Ruth C. Montaner, Notary Public

My commission expires on June 5, 1997



NDJ-14-6985 13:05 F2M

TO

6521743 P.02

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 945000008941

1. Corporation Name

LUNER MEDICAL CARE OF
FLORIDA, INC

Mailing Address

2250 S.W. THIRD AVENUE
SUITE 202 33129
MIAMI FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 450809
Suite, Apt. & etc

3. New Mailing Address, If Applicable

City & State

MIAMI FL

Zip

Country

33245 USA

REINSTATEMENT

9600

4. Date incorporated or qualified to do business in Florida

1995

5. FEI Number

650263967

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D ROSARIO ARRONDO	2250 SW THIRD AVENUE SUITE 202	MIAMI FL 33129

8. Name and Address of Current Registered Agent

ROSARIO ARRONDO

9. Name and Address of New Registered Agent

Name ROSARIO ARRONDO
Street Address (P.O. Box Number is not Acceptable)
2250 SW THIRD AVENUE
Suite, Apt. & etc.
SUITE 202
City MIAMI State FL Zip Code 33129

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0095, F.S.
Signature of Registered Agent Rosario Arrendo
REGISTERED AGENT MUST SIGN

Date 11-14-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of sec. 607.0401, F.S. and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature on it has the same legal effect as if made under oath.

SIGNATURE:

Rosario Arrendo

11-14-96

305 281-1695