

P95000012055

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

OFFICE USE ONLY

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:21

(904)385-6735

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

1. THE RAPY MEDICAL CENTER, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

100001411831
-02/21/95--01118--006
****122.50 ****122.50

- ☒ 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 |

REC'D
95 FEB 13 AM 11:19
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:27

ARTICLE ONE: NAME

The name of this Corporation shall be:

THERAPY MEDICAL CENTER, INC.

ARTICLE TWO: NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE THREE: TERM OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. The date on which Corporate existence shall begin, will be the date of filing of these Articles with the Secretary of State.

ARTICLE FOUR: CAPITAL STOCK

This Corporation is authorized to issue shares of stock as follows:

- 1.- Designation: The stock of this Corporation shall be known as common stock.
- 2.- Authorized: The maximum number of shares of Common Stock that this Corporation may issue is: 1000 SH.
- 3.- Consideration: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or in any combination of the foregoing. The judgement of the Board of Directors shall be conclusive as to the value of any such consideration.
- 4.- Non-Assessability: Each share of Common Stock shall be issued in exchange for consideration which is at least equal to the par value thereof, and shall be fully paid and non-assessable.
- 5.- Par-Value: Each share of Common Stock shall have the par-value of: One Dollar (\$ 1.00)
- 6.- Voting Rights: Each share of Common Stock shall entitle the record holder thereof to one vote upon each proposal presented at meetings of the Stockholders of the Corporation.
- 7.- Dividends: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purposes.

- 8.- Liquidation Rights: Holders of Common Stock are entitled, in the event of liquidation or dissolution of this Corporation, to receive their pro-rata share of any assets of this Corporation remaining after payment of all corporate debts and obligations.

ARTICLE FIVE: DIRECTORS

This corporation shall have 2 Director(s) initially. The number of Directors may be 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 Director(s) of this Corporation is/are:

GABRIEL SANCHEZ
8656 N.W. 2ND STREET
MIAMI, FLORIDA. 33172

LUIS M. FERNANDEZ
13762 S.W. 49TH STREET
MIAMI, FLA. 33175

ARTICLE SIX: PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office for this Corporation will be the same as the mailing address. The address is:

8374 S.W. 8TH STREET STE.144

MIAMI, FLORIDA. 33175

ARTICLE SEVEN: AMENDMENT

These Articles of Incorporation may be amended in any manner consistent with the laws of the State of Florida.

ARTICLE EIGHT: RESIDENT AGENT

The undersigned individual shall be Resident Agent for service of process in the state of Florida on behalf of the Corporation. The Resident Agent may resign at any time and the Corporation may change its Resident Agent at any time also.

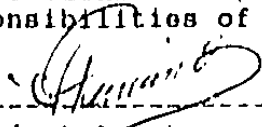
RESIDENT AGENT: LUIS M. FERNANDEZ

ADDRESS: 13762 S.W. 49TH STREET

MIAMI, FLORIDA. 33175

ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent of the above Corporation, at the place designated in the Articles of Incorporation. I heroby accept to act in this capacity, and agree to comply with the provisions of the Florida Corporations Code pertaining to the duties and responsibilities of a Registered Agent.



Resident Agent.

ARTICLE NINE: INCORPORATION

The name(s) of the person(s) executing these Articles of Incorporation is/are:

GABRIEL SANCHEZ

LUIS M. FERNANDEZ

IN WITNESS WHEREOF, the undersigned Subscriber(s) has/ have executed these Articles of Incorporation this 2ND day of FEBRUARY , 19 95.



GABRIEL SANCHEZ, SUSCRIBER



LUIS M. FERNANDEZ, SUSCRIBER

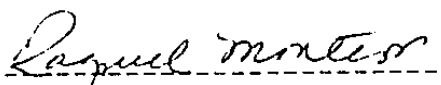
STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

I HEREBY CERTIFT THAT on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared the above named individual(s), well known to me to be the person(s) described in and who executed the foregoing Articles of Incorporation, and who acknowledged before me that the same were executed for the purpose expressed therein.

IN WITNESS WHEROF, I have hereunto affixed my hand and official seal at Miami , Dade County, State of Florida.

Date: FEBRUARY 2ND, 1995

My Commission Expires:



Notary Public, State of
Florida, At Large.