

# P95000014134

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  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 FEB 20 PM 1:55

(904)385-6735

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

1. ORKEECHOBEE MEDICAL CENTER, 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 100001414121  
02/23/95--01103--005  
\*\*\*\*122.50 \*\*\*\*122.50

☐ 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

Examiner's Initials

2-20  
*[Signature]*

## ARTICLES OF INCORPORATION

95 FEB 20 PM 1:55

*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:

OKEECHOBEE MEDICAL CENTER INC

### ARTICLE II PRINCIPAL OFFICE

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

1475 WEST OKEECHOBEE ROAD #5  
HIALEAH FL 33010

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rolando VALDES  
1475 WEST OKEECHOBEE ROAD #5  
HIALEAH FL 33010


**ARTICLE V INCORPORATOR(S)**


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


Rolando Valdes  
1475 West OKEECHOBEE Road #5  
MIDDLEBURY FL 33010

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of 17, 19 95.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: OKEECHOBEE MEDICAL CENTER INC

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

Poland Wells  
(NAME)  
1475 West OKEECHOBEE Road #5  
(P.O. BOX NOT ACCEPTABLE)  
MILBURN FL 33010  
(CITY/STATE/ZIP)

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



DATE

2-17-95

P950000/4134

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requester's Name)

890 S.W. 87 AVENUE, SUITE: 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE  
(904)385-6715

300001553903  
-08/07/95--01028--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

1. Ockeechokee Medical Center  
(Corporation Name) (Document #)
2. Amend  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX  
FILING  
H. AGENT FEE  
G. STATE  
F. STATE  
E. STATE  
D. STATE  
C. STATE  
B. STATE  
A. STATE

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

OKEECHOBEE MEDICAL CENTER, INC

OKEECHOBEE MEDICAL CENTER, INC

(present name)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ADD-ARTICLE VI DIRECTORS

ADD: RICARDO PEDROSA-1475 OKEECHOBEE Rd. MIAMI FLORIDA

ADD: ARTURO DIAZ 1475 OKEECHOBEE Rd. MIAMI FLORIDA

ADD: DOLORES DIAZ 1475 OKEECHOBEE Rd. MIAMI FLORIDA

ADD: GUSTAVO NAVARRO 1475 OKEECHOBEE Rd. MIAMI FLORIDA

ARTICLE IV REGISTERED AGENT

DELETE: ROLANDO VALDES - 1475 OKEECHOBEE Rd. MIAMI FLORIDA

ADD: GUSTAVO NAVARRO 1475 OKEECHOBEE Rd. MIAMI FLORIDA

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: JULY 12, 1995

**FOURTH:** Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.


☐ The amendment(s) was/were approved by the shareholders through voting groups.

*[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]*

The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_  
(voting group)

(continued)

Signed this 12 day of JULY, 19, 95.

By   
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)  
OR  
(A director or incorporator if adopted by the directors or incorporators)

GUSTAVO NAVARRO  
(Typed or printed name)

SECRETARY

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE 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 MY POSITION AS  
REGISTERED AGENT.

SIGNATURE 

DATE JULY 12, 1995