

P95000016450

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

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 2:40

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

800001420218

-03/03/95--01015--011

****122.50 ****122.50

1. LEJEUNE 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

☐ 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

W95-4255-
Examiner's Initials

2-28
KAN



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 24, 1995

LAZARUS
890 S.W. 87TH AVE., #16
MIAMI, FL 33174

SUBJECT: LEJEUNE MEDICAL CENTER, INC.
Ref. Number: W95000004255

We have received your document for LEJEUNE MEDICAL CENTER, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 695A00008510

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 2:40

ARTICLES OF INCORPORATION
OF

LEJEUNE HEALTH CENTER, INC.

WE, the undersigned, hereby associate ourselves together for the purpose of becoming a Corporation under the Laws of the State of Florida, under the provisions of the Statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities to a Corporation, for profit, generally, and hereby make, subscribe, acknowledge had file this Certificate for the purpose of becoming a Corporation under the Laws of the State of Florida.

ARTICLE ONE

Name of the Corporation

The name of this Corporation is:

LEJEUNE HEALTH CENTER, INC.

ARTICLE TWO

Nature of Business

The general nature of the business to be transacted by this Corporation is:

Any activity and business permitted under the laws of the State of Florida, including but not limited to medical services.

ARTICLE THREE

Capital Stock

The maximum number of shares of capital stock authorized to be issued by this Corporation shall be 500 shares, each having a par value of \$1.00 per share of said shares of stock shall entitle the holder thereof to one (one) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property, or in labor or services at a fair valuation to be fixed by the incorporator, or by the Board of Directors, at a meeting called for such purposes. All stock when issued shall be fully paid for and shall be non-assessable.

ARTICLE FOUR

Initial Capital

The amount of Capital with which this Corporation shall begin business shall be: Five Hundred Dollars (\$500.00)

ARTICLE FIVE
Term of Existence

This Corporation shall be perpetual existence.

ARTICLE SIX
Principal Office

The following shall be the street address and the principal office for this Corporation, but the Corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices and other places of business at such other places within or without the State of Florida that may be deemed expedient:

701 East 9th St.
Hialeah, FL. 33010

ARTICLE SEVEN
Directors

There shall be a Board of Directors for this Corporation which consist of FOUR persons. The number of Directors may be increased or diminished from time to time as determined by the By-Laws, but shall never be less than ONE. Each of said Directors shall be of full age and all of them shall be residents of the United States. Any Director may be removed at any annual or special meeting of stockholder called in accordance with the By-Laws of the Corporation, by the same vote as that required to elect a Director.

ARTICLE EIGHT
Initial Board of Directors

The names and addresses to the first Board of Directors is as follows:

NAMES	ADDRESSES	OFFICE
PEDRO HERNANDEZ	701 E. 9th St. Hialeah, Fl. 33010	PRESIDENT
MIGUEL DE J. CONCEPCION	701 E. 9th St. Hialeah Fl. 33010	V/PRESIDENT
NOELVIS MATOS	701 E. 9th St. Hialeah, Fl. 33010	SECRETARY
RITA DIAZ	701 E. 9th St. Hialeah, fl. 33010	TREASURER

ARTICLE NINE
Subscribers

The names and addresses of each subscriber to these Articles of Incorporation and the number of shares of Stock each agrees to purchase are:

NAMES	ADDRESSES	NO. OF SHARES
PEDRO HERNANDEZ	701 E. 9th St, Hialeah, Fl. 33010	125
MIGUEL DE J. CONCEPCION	701 E. 9th St. Hialeah, FL. 33010	125
NOELVIS MATOS	701 E. 9th St. Hialeah, Fl. 33010	125
RITA DIAZ	701 E. 9th St. Hialeah, Fl. 33010	125

The private property of the stockholders shall not be subject to the payment of the Corporation's debt to any extent whatsoever.

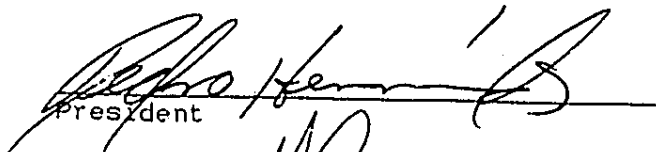
ARTICLE TEN
Conflict of Interest

No contract or other transaction between this Corporation and any other Corporation, and no act of this Corporation shall in any way be affected or invalidated by the fact that any of the Officers of this Corporation are pecuniarily or otherwise interested in, or are Directors or Officers of, such other Corporation: any Director individually, or any firm of which any Director may be a member, may be a party to, or may be pecuniarily or otherwise interested in any contract or transaction of this Corporation, provided that the fact that he or such firm is so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof, and any Director of this Corporation or who is so interested may be counted in determining the existence of a quorum at any such meeting of the Board of Directors of this Corporation, with like force and effect as if he were not such a Director or Officer of such other Corporation or not so interested.

ARTICLE ELEVEN
Amendment

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the Laws of the State of Florida, and all rights conferred upon the stockholders herein are subject to this reservation.


IN WITNESS WHEREOF, WE, the undersigned, have executed these Articles of Incorporation for the uses and purposes stated therein this 21 day of FEBRUARY, 1995.



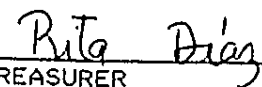
President



V/PRESIDENT




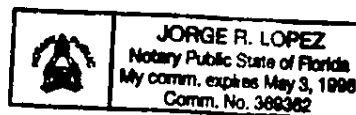
SECRETARY



TREASURER

Sworn to and subscribed before me this 21st of February, 1995





CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED 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.

1. THE NAME OF THE CORPORATION IS:

LEJEUNE HEALTH CENTER, INC.

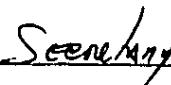
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

PEDRO HERNANDEZ
701 EAST 9TH ST.
HIALEAH, FL. 33010

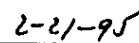
SIGNATURE



TITLE

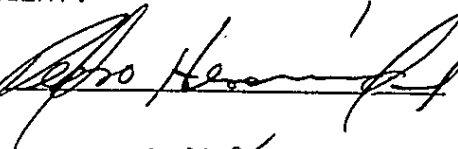


DATE

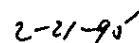


HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE



P95000016450

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor'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

OFFICE USE ONLY

600001535106
-07/11/95--01107--006
*****35.00 *****35.00

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

1. LEJEUNE HEALTH 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

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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

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95 JUL -6 PM 2:05
FILED
DIVISION OF CORPORATION
TALLAHASSEE FLORIDA
SECRETARY OF STATE

1/6 JOT
Amend

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

LEJEUNE HEALTH CENTER, INC.

(Present Name)

Pursuant to the provisions of section 607.1006, Florida Statutes,
the undersigned corporation adopts the following articles of
amendment to its articles of incorporation:
FIRST: Amendment(s) adopted:

ARTICLE VIII
NEW BOARD OF DIRECTORS

The names and addresses of the New Board of Directors is as follows

NAME	ADDRESSES	OFFICE	SHARES
JORGE R. LOPEZ	10550 NW 77 CT. # 207 HIALEAH, FL. 33016	PRESIDENT	167
HILDA FERRA	9781 SW 20 ST. MIAMI FL. 33144	V/PRESIDENT	167
NOELVIS MATOS	701 E. 9 ST. HIALEAH FL. 33010	SECRETARY	166

SECOND: If an amendment provides for an exchange, reclassification or
cancellation of issued shares, provisions for implementing the
amendment if no contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 06-29-1995

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

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

X _____ 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)

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95 JUL -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 30th day of JUNE, 1995

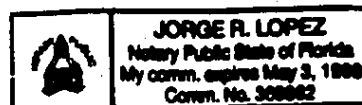
LEJEUNE HEALTH CENTER, INC.

(Corporation Name)

By Hilda Ferra
HILDA FERRA -V/PRESIDENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th day of June, 1995

JRS
NOTARY PUBLIC



P95000016450

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor'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

OFFICE USE ONLY

FILED
95 NOV 30 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001648862
-11/29/95--01077--033
*****35.00 *****35.00

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

1. LE JEUNE HEALTH 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

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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

Amendment
11/30/95

RECEIVED
NOV 29 PM 3:11



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED
NOV 30 PM 3:03
DIVISION OF CORPORATIONS

November 29, 1995

LAZARUS

SUBJECT: LEJEUNE HEALTH CENTER, INC.
Ref. Number: P95000016450

We have received your document for LEJEUNE HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 795A00052205

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

LEJEUNE HEALTH CENTER, INC..

(Present Name)

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

FIRST: Amendment(s) adopted:

ARTICLE VIII
NEW BOARD OF DIRECTORS

This corporation shall have one (1) Director. The name and
addresses of the New Board of Directors is as follow:

NAME	ADDRESSES	OFFICE	SHARES
Policarpo Despaigne	9781 SW 20 St Miami, Fl. 33144	President	500

SECOND: If an amendment provides for an exchange, reclassification or
cancellation of issued shares, provisions for implementing the
amendment if no contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 11-15-1995

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

_____ The amendment(s) was/were adopted by the incorporators or
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

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95 NOV 30 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Signed this 11 day of Nov., 1995

LEJEUNE HEALTH CENTER, INC..

(Corporation Name)

By


POLICARPO DESPAIGNE

PRESIDENT

Sworn to and subscribed before me this November 15, 1995


NOTARY PUBLIC



P95000016450

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

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

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

LOCAL REPRESENTATIVE TALLAHASSEE

(904)305-6715

000001600880
-10/05/95--01055--009
*****35.00 *****35.00

OFFICE USE ONLY

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

1. Dejeune Health 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

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
95 OCT -6 PM 1:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10/6/95
Amendment
DC [Signature]
Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 5, 1995

LAZARUS CORPORATE INDUSTRIES

MIAMI, FL

SUBJECT: LEJEUNE HEALTH CENTER, INC.
Ref. Number: P95000016450

We have received your document for LEJEUNE HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN THE AMENDMENT TO ARTICLES VIII, IT STATES THAT THE CORPORATION SHALL HAVE ONE(1) DIRECTOR. HOWEVER TWO NAMES ARE LISTED. PLEASE CORRECT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 895A00045247

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

LEJEUNE HEALTH CENTER, INC.

(Present Name)

Pursuant to the provisions of section 607.1006, Florida Statutes,
the undersigned corporation adopts the following articles of
amendment to its articles of incorporation:
FIRST: Amendment(s) adopted:

ARTICLE VIII
NEW BOARD OF DIRECTORS

This corporation shall have one (2) Director. The name and addresses
of the New Board of Directors is as follows:

NAME	ADDRESSES	OFFICE	SHARES
JORGE R. LOPEZ	6799 PARKINSONIA DR. MIAMI LAKES, FL. 33014	PRESIDENT	250
POLICARPO DESPAIGNE	9781 SW 20 ST. MIAMI, FL. 33144	V/PRESIDENT	250

SECOND: If an amendment provides for an exchange, reclassification or
cancellation of issued shares, provisions for implementing the
amendment if no contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 09-28-1995

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

_____ The amendment(s) was/were adopted by the incorporators or
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)

FILED
95 OCT -6 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 4th day of October, 1995

LEJEUNE HEALTH CENTER, INC.

(Corporation Name)

By 
JORGE R. LOPEZ - PRESIDENT

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
199



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000016450

1. Corporation Name

LEJEUNE HEALTH CENTER INC.
DBA/ FLAMINGO HEALTH CENTER INC.

Principal Place of Business

9544 S.W. 40 St.
MIAMI, FL. 33165

Mailing Address

9544 S.W. 40 St.
MIAMI, FL. 33165

REINSTATEMENT

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02-28-95

3a. Date of Last Report

4. FEI Number

65-0560839

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

CARLOS A. RODRIGUEZ
9544 S.W. 40 St.
MIAMI, FL. 33165

10. Name and Address of New Registered Agent

81 Name Carlos A. RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable)
9544 SW 40 ST.
83
84 City MIAMI

FL

85 Zip Code 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carlos A. Rodriguez

Carlos A. Rodriguez President

11-14-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	CARLOS A. RODRIGUEZ	9544 S.W. 40 St.	MIAMI, FL. 33165
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carlos A. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-96

(305) 825-3557

Date

Phone Prefix #

P95000016450

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: JORGE LOPEZ EIN or SS#: _____

Address: 10550 N.W. 77 CT.
Hialeah, FL. 33016

Amount: \$ 35.00 Date Paid _____

Reason for claim: Decided not FILE
LEJEUNE HEALTH CENTER, INC.
P95000016450

Certified true and correct this 10 day of April, 1997.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim. Amount of recommended refund: 35.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01004-002 dated 12/15/96

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection: 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 13, 1996

LAZARUS

MIAMI, FL

SUBJECT: LEJEUNE HEALTH CENTER, INC.
Ref. Number: P95000016450

We have received your document for LEJEUNE HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation was dissolved on August 23, 1996 for failure to file the 1996 Annual Report. The changes being made on the amendment should be made on the reinstatement form.

The total amount due to reinstate is \$375.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 096A00051825

P95000016450

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. LEJUNE HEALTH CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

000002002600--1
-11/13/96--01084--002
*****35.00 *****35.00

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ 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 checked="" 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

RECEIVED
11/13/96
11/13/96