

P95000016946

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

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

1. P.B. Medical Billing Corp
(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

3-1
KAN

95 MAR -1 PH 2:02

ARTICLES OF INCORPORATION

ARTICLE I. NAME

The name of this Corporation is P.B. MEDICAL BILLING CORP.

ARTICLE II, NATURE OF BUSINESS

P.B. MEDICAL BILLING CORP. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of P.B. MEDICAL BILLING CORP. is perpetual.

ARTICLE IV, CAPITAL STOCK

P.B. MEDICAL BILLING CORP. is authorized to issued 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The Principle address ⁵ of the initial registered office of P.B. MEDICAL BILLING CORP. is:

11100 SW 40th ST
MIAMI, FL 33165

and the name of the initial registered agent of this corporation at this address is LIZ BETH BARRIAL.

ARTICLES VI, INITIAL DIRECTORS

P.B. MEDICAL BILLING CORP. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

LIZ BETH BARRIAL
11100 SW 40th ST
MIAMI, FL 33165

PRESIDENT/SECRETARY
DIRECTOR

ARTICLE VII, INCORPORATORS

The name and addresses of the incorporator of this corporation are:

LIZ BETH BARRIAL
11100 SW 40th ST
MIAMI, FL 33165

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 24th day of February 1995.

STATE OF FLORIDA)
COUNTY OF DADE)


LIZ BETH BARRIAL
INCORPORATOR

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared LIZ BETH BARRIAL, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of February 1995.


NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:



ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891

☒ Personally Known ☐ Other I D.

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

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: P.B. MEDICAL BILLING CORP.

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

LIZ BETH BARRIAL

11100 SW 40th ST

MIAMI, FL 33165

SIGNATURE [Signature]

TITLE PRESIDENT

DATE February 24, 1995

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 [Signature]

DATE February 24, 1995