

P950000 18030

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. ANA CAOS, M.D., P.A.
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

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9:00

Certified Copy

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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

OTIER FILNGS	
<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

W954716
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3-2

Examiner's Initials *KAN*



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State

March 2, 1995

LAZARUS CORPORATE INDUSTRIES, INC.
890 S.W. 87TH AVENUE
#16
MIAMI, FL 33174

SUBJECT: ANA CAOS, M.D., P.A.
Ref. Number: W95000004716

We have received your document for ANA CAOS, M.D., P.A. and check(s) totalling \$78.75. However, your check(s) and document are being returned for the following:

The specific nature of business of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 395A00009488

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -6 PM 1:58

ARTICLES OF INCORPORATION

II

ANA CAUS, M.D., P.A.

I, the undersigned subscriber of these articles of incorporation, a natural person, competent to contract and desiring to form a corporation under the laws of the State of Florida, hereby certify as follows:

I

The name of the proposed corporation is:

ANA CAUS, M.D., P.A.

II

The corporation may engage in any activity or business permitted under the laws of the United States, and of the State of Florida. **Professional service in medical practice.**

III

The maximum number of shares of stock which the Corporation is authorized to have outstanding at any time shall be:

FIVE HUNDRED SHARES (500) AT ONE DOLLAR PAR VALUE

IV

This Corporation shall have perpetual existence beginning on the date of incorporation.

V

The principal business office of the Corporation shall be located at:

990 West Flamingo Rd., Suite #100, Miami, Florida 33170
or at such other place as may later be designated by the Board of Directors, with branch offices in one or more cities, towns, states, or countries as may be deemed necessary, be authorized by the Board of Directors.

VI

The initial registered office address of this Corporation shall be:

3041 N. W. 3 Street, Miami, Florida 33125

and, the Registered Agent at such registered address for

ANA CAOS, M.D.

VII

The business of this Corporation shall be conducted by a Board of Directors which shall consist of not less than one (1), and not more than nine (9) as shall from time to time be designated in the By-Laws of this Corporation, and a majority thereof shall constitute a quorum from the transaction of all business.

VIII

The name and street address of each person who is to serve as a member of the initial Board of Directors, who, subject to the provisions of these Articles of incorporation, the By-Laws of this Corporation and the laws of the State of Florida, shall hold office for the first year of corporate existence or until their successors are elected and are duly qualified are:

NAME	ADDRESS
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ANA CAOS, M.D.	3041 N. W. 3 St. Miami, Florida 33125
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X

The name and street address of each incorporator is:

NAME	ADDRESS
ANA CADS, M.D.	3041 N. W. 3 Street Miami, Florida 33125

X

The By-Laws of this Corporation may be created, amended, or changed by either the Stockholders or the Directors at any regular or duly scheduled special meeting.

XI

This Corporation shall have, in addition to a President, Vice President, Secretary and/or Treasurer, such other additional officers as may be created from time to time by and under the authorization of its By-Laws.

XII

All officers, agents and factors shall be chosen in such manner, hold their offices for such terms, and have such powers and duties as may be prescribed by the By-Laws or determined by the Board of Directors. Any person may hold two or more offices.

XIII

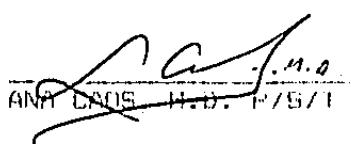
Every person who now is or hereafter shall become a Director of this Corporation shall be indemnified by the Corporation against all costs and expenses, including attorney's fees, hereafter reasonable incurred by or imposed upon him in connection with or resulting from any action,

suit or proceedings of whatever nature, to which he is or shall be made part by reason of his being or having been a Director of the Corporation whether or not he is a Director of the Corporation at the time he is made a party to such action, suit or proceeding, or at the time such cost or expense is incurred by or imposed upon him.

However, an exception is made to the above in relation to matters as to which he shall finally be adjudged in such action, suit or proceedings, to have been derelict in the performance of the duties imposed upon him as such Director.

The right of the indemnification herein provided shall not be exclusive of the other rights to which any such person may now or hereafter be entitled as a matter of law.

IN WITNESS WHEREOF, the undersigned have signed, subscribed and acknowledged this Articles of Incorporation this 1st day of March, 1995.


ANA LOSOS H.D. P/S/T

STATE OF FLORIDA : SD

COUNTY OF DADE :

I HEREBY CERTIFY that on the 1st day of March,
1991, personally appeared before me, an authorized officer
duly commissioned to administer oaths and take acknowledg-
ments,

ANA CAOS

to me well known and known to me to be the person(s) who
executed the foregoing ARTICLES OF INCORPORATION and who
acknowledged that it was signed and executed for the uses and
purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and
official seal at Miami, Dade County, Florida, the day and
year first above written.

Laudes Tenorio
NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE

My Commission Expires:

Form 6

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR OFFICE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE NAMING RESIDENT AGENT
UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 40,921, Florida Statutes, the
following is submitted, in compliance with said Act:

That: ANA CAOS, M.D., P.A.

desiring to organize under the laws of the State of Florida,
with its principal office as indicated in the Certificate of
Incorporation, at City of Miami, County of Dade, State of
Florida, has named:

ANA CAOS

Located at: 3041 N. W. 3 Street, Miami, Florida 33126

as its agent to accept service of process within this
State.

ACKNOWLEDGMENT BY DESIGNATED AGENT

Having been named to accept service of process for the
above stated Corporation, at the place designated in this
Certificate, I hereby accept to act in this capacity, and
agree to comply with the provision of said Act relative to
keeping open said office.



Registered Agent