

# P95000021095

95 MAR 15 11:14 AM '99

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 15 PM 1:59

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

(904) 385-6735

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

1. ALLIED MEDICAL CENTER, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☒ 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

Examiner's Initials

KAN 3-15

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**ARTICLES OF INCORPORATION  
OF**

**ALLIED MEDICAL CENTER, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

ALLIED MEDICAL CENTER, INC.

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) / Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 500 shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ISABEL A. BETANCOURT  
551 W. 51 PLACE  
HIALEAH, FL 33012

The Principal office shall be:

551 W. 51 PLACE  
HIALEAH, FL 33012

#### ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: ISABEL A. BETANCOURT  
TREASURER: ISABEL A. BETANCOURT  
SECRETARY: ISABEL A. BETANCOURT  
ADDRESS : 551 W. 51 PLACE  
HIALEAH, FL 33012

The name and address of the incorporator executing  
these Articles of Incorporation is:

ISABEL A. BETANCOURT  
551 W 51 PLACE  
MTALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator has  
(ve) executed these Articles of Incorporation this \_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_.

Isabel Betancourt

STATE OF FLORIDA     }  
COUNTY OF DADE     } SS.

BEFORE ME, a notary public authorized to take acknow-  
ledgements in the state and county set forth above, personally  
appeared \_\_\_\_\_ known to me and  
known by me to be the person(s) who executed the foregoing  
Articles of Incorporation, and he (they) acknowledge before  
me that he (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 \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:

**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: ALLIED MEDICAL CENTER, INC.

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

ISABEL A. BETANCOURT

(NAME)

551 W. 51 PLACE

(P.O. BOX ~~NOT~~ ACCEPTABLE)

HIACLEAH, FL 33012

(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

Isabel Betancourt

DATE

03-14-95

# P95000021095

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 21, 1996

**ALLIED MEDICAL CENTER, INC.**  
999 PONCE DE LEON BLVD.  
SUITE 40  
CORAL GABLES, FL 33134

**SUBJECT: ALLIED MEDICAL CENTER, INC.**  
Ref. Number: P95000021095

**Debit Memo #: 62996-F**

This is to inform you that your check #001 in the amount of \$208.75 and submitted for ALLIED MEDICAL CENTER, INC. has been returned to us by your bank because of PAYMENT STOPPED.

We request that you remit a cashier's check or money order in amount of \$223.75 made payable to the Department of State. This amount will cover the unpaid fees and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please refer to the debit memo number listed above and state that it is a replacement for the returned check mentioned above.

Please note that the documents filed by this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Pat Bailey  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning this matter, please call (904) 487-6816.

Sincerely,  
Pat Bailey  
Accountant I  
Division of Corporations

Letter number: 896A00013086

**P95000001095**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**May 2, 1996**

**ALLIED MEDICAL CENTER, INC.**  
**999 PONCE DE LEON BLVD.**  
**SUITE 40**  
**CORAL GABLES, FL 33134**

**SUBJECT: ALLIED MEDICAL CENTER, INC.**  
**Ref. Number: P95000021095**

**Debit Memo #: 62996-F**

**Due to your failure to respond to our previous letter, your Annual Report for ALLIED MEDICAL CENTER, INC. has been cancelled and is considered not filed as of May 2, 1996.**

**Please refer to our previous letter advising you of the returned check.**

**Section 607.1421, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida corporation or revoke the authority to transact business of a foreign corporation for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$223.75 is not received within the 60 day period, your corporation will be administratively dissolved or revoked and a reinstatement fee of an additional \$175 will be imposed.**

**Please send your response to:**

**Division of Corporations**  
**Attn: Pat Bailey**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**