

P95000022682

((H95000003218))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

1492 W FLAGLER ST

STATE OF FLORIDA

SUITE 200

409 EAST GAINES STREET

MIAMI FL 33135-

TALLAHASSEE, FL 32399

CONTACT: RAY STORMONT

FAX: (904) 922-4000

PHONE: (305) 541-3694

FAX: (305) 541-3770

((H95000003218))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: SIMON MEDICAL SERVICES, INC.

FAX AUDIT NUMBER: H95000003218

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/21/1995

TIME REQUESTED: 10:09:12

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 5

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 072450003255

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000003218))

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM CAPS Connect: 00:05:

[Handwritten signature]
3/21/95

940117 10:11:11
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(5)

**CERTIFICATE OF INCORPORATION
OF**

SIMON MEDICAL SERVICES, INC.

I, the undersigned, hereby subscribe myself for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I - NAME

The name of the Corporation shall be **SIMON MEDICAL SERVICES, INC.** Business shall be carried on in the State of Florida and in the United States of America and elsewhere, as may be authorized by the Board of Directors.

ARTICLE II - PURPOSE

This Corporation is organized for the following purposes: **MEDICAL SERVICES** and to transact in any and all lawful business authorized under the Statutes of the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that the corporation shall have outstanding at any time shall be **ONE HUNDRED** shares of One Dollar par value.

ARTICLE IV - BEGINNING CAPITAL

The amount of capital with which the Corporation shall begin business shall be not less than **\$100.00 Dollars**.

ARTICLE V - INITIAL OFFICE

The principal office of this Corporation shall be 120 West 32nd Street, Mialeah, FL 33012 or any other location authorized from time to time by its Board of Directors.

ARTICLE VI - PERMANENCE

This Corporation shall have perpetual existence unless sooner terminated under the provisions of the laws of the State of Florida.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) Director unless otherwise provided by Florida Law. The name and post office address of the First Board of Directors who shall hold office for the first year of the corporation's existence or until their successors are elected and have qualified are as follows:

Jose R. Simon	Pres/Secret/Treas.	120 West 32nd Street Mialeah, FL 33012
---------------	--------------------	-------------------------------------------

PREPARED BY: Cesar Briso
M. B. TAX AND ACCOUNTING SERVICES, INC.
3300 EAST 4th AVENUE #6
MIAMI, FL 33013
RIN # 65-0332532
PHONE: (305)-887-0048

H-9500000 3216

H 9500000 3216

ARTICLE VIII - SUBSCRIBERS TO THE CERTIFICATE OF INCORPORATION
The name and subscriber to the Certificates of Incorporation and the number of shares of stock and value thereof which each agreed to take is:

<u>NAME</u>	<u>OFFICE</u>	<u>SHARES</u>	<u>VALUE</u>
Jose R. Simon	Pres/Sec/Treas 120 West 32nd St. Miami, FL 33012	100	\$100.00
			\$100.00

ARTICLE IX - AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation in the manner now hereafter prescribed by Statute, and all rights conferred upon holders of stock herein granted subject to this provision.

ARTICLE X - SMALL BUSINESS

This Corporation may be a Small Business Corporation as defined in Section 1244(c) (2) of the Internal Revenue Code.

IN WITNESS WHEREOF, I, the undersigned have made and hereby subscribe to this Certificate of Incorporation and Charter, and do hereby acknowledge this Certificate for the uses and purposes aforesaid, all on this 18th day of March of 1995.



Jose R. Simon
President/Secretary/Treasurer

PREPARED BY: Cesar Briso
M. B. TAX AND ACCOUNTING SERVICES, INC.
3300 EAST 4th AVENUE #6
MIAMI, FL 33013
BIN # 65-0332532
PHONE: (305)-887-0048

H 9500000 3216

H 9500000 3216

STATE OF FLORIDA }
COUNTY OF BAHIA } 221

H 9500000 3216

Before me the undersigned authority, a Notary Public, duly authorized to take acknowledgments in the State of Florida, personally appeared, JOHN E. SIMON to me well known and known by me to be the person who executed the foregoing Articles of Incorporation, and stated, after duly sworn, and depose that he had executed the foregoing for the purposes described and set forth therein.

Witness, my hand and seal in the County and State above named, this 18th day of March, 1998.

Cesar Brisco

CESAR BRISCO
NOTARY PUBLIC, STATE OF FLORIDA
My commission Expires:



H 9500000 3216

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-that SIMON MEDICAL SERVICES, INC. organized under the laws of the State of FLORIDA, with its principal office, as indicated in the Articles of Incorporation at 120 West 32nd Street, Mialeah, Fl 33012 has named JOHN R. SIMON located at 120 West 32nd Street, Mialeah, County of Dade, State of Florida 33012, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept said Act relative to keeping open said office.



John R. Simon
Registered Agent

H 9500000 3216

H 9500000 3216

P95000022682

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

OFFICE USE ONLY

FILED
95 JUN 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. SIMON MEDICAL SERVICES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-07/10/95--01024--014
*******35.00 *****35.00**

- ☐ Walk in ☒ Pick up time _____ ☐ 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

***00308, 00542, 00672**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 28, 1995

Lazarus Corporate Industries, Inc.
890 S.W. 87 Avenue
Suite 16
Miami, FL 33174

SUBJECT: SIMON MEDICAL SERVICES, INC.
Ref. Number: P95000022682

We have received your document for SIMON MEDICAL SERVICES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan
Corporate Specialist

Letter Number: 695A00031808

RECEIVED
JUL 1 1995
CORPORATIONS
DIVISION

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SIMON MEDICAL SERVICES, INC.

(present name)

FILED
95 JUN 29 PM 1:10
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)

ARTICLE IV - V The new Register Agent and President
of the Corporation should be read as
follow:

JUAQUINA CONCEPCION 2421 Biscayne Blvd Ste 247
Miami FL 33137

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: June 20, 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 amendmen.(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 20 day of June, 19, 95

By X Jose P. Simon
(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)

JOSE RAMON SIMON
(Typed or printed name)

PRESIDENT / INCORPORATOR
(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 Rencophon
DATE June 20, 1995

P95000022682

RECEIVED
95 JUL 13 AM 10:55

DIVISION OF CORPORATION

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

400001540864
-07/19/95--01019--017
*** **35.00 *****35.00

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

1. Simon Medical Service, 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

FILED
95 JUL 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/13 *John Amend*

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SIMON MEDICAL SERVICES, INC.

(present name)

FILED
95 JUL 13 AM 11:17
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)

ARTICLE IV-V_ The new Register Agent and President of the Corporation should be read as follow:

MARIA D.QUINTERO

2421 Biscayne Blvd Ste 247
Miami, Fl 33137

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 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)

☐ 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 adopted by the incorporators without shareholder

Signed this 12 day of July, 1995.

By X

[Signature]

(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

(A director or incorporator if adopted by the directors or incorporators)

JUAQUINA CONCEPCION

(Typed or printed name)

PRESIDENT

(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

[Signature]

DATE July 12, 1995