

P95000023939

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. B7 AVENUE #116

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:31

(904) 385-6735

900001448679

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

-03/30/95--01023--023  
\*\*\*\*122.50 \*\*\*\*122.50

1. ROMERO DIAGNOSTIC 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

W95-6491  
incorp, 614



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 23, 1995

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

SUBJECT: ROMERO DIAGNOSTIC CENTER INC.  
Ref. Number: W95000006491

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

A corporation may not be its own incorporator.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

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

Kevin Nickens  
Document Specialist

Letter Number: 395A00013213

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

**ARTICLES OF INCORPORATION****OF****ROMERO DIAGNOSTIC CENTER INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**ROMERO DIAGNOSTIC CENTER INC.****ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**525 NW 27 AVE SUITE 209, MIAMI FLORIDA 33125****ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1000 SHARES \$ 1.00****ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**BENITA ROMERO  
525 NW 27 AVE SUITE 209  
MIAMI FLORIDA 33125**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BENITA ROMERO  
TITLE PRESIDENT.

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

BENITA ROMERO PRESIDENT.  
525 NW 27 AVE , MIAMI FLORIDA 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

MARCH \_\_\_\_\_ day of \_\_\_\_\_ 22 \_\_\_\_\_, '95 \_\_\_\_\_.

Benita Romero PRESIDENT.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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: ROMERO DIAGNOSTIC CENTER INC.

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

BENITA ROMERO

(NAME)

525 NW 27 AVE, MIAMI, FLORIDA

(P. O. BOX NOT ACCEPTABLE)

MIAMI FLORIDA 33125

(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 Bonita Romero PRESIDENT.

DATE 3/22/95