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FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 APR -3 PM 2:10

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Secretary'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. HSI medical center, Inc. 800001450728  
(Corporation Name) (Document #)  
-04/07/95--01054--021  
\*\*\*\*122.50 \*\*\*\*122.50
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ 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

4-3  
KAN

**ARTICLES OF INCORPORATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PH 2:10

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:

HSI 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 600 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:

Luisa F. Carpentieri  
14245 SW 111 Lane  
Miami, Florida 33186-7024

The Principal office shall be:

10240 SW 56th Street  
Suite 106  
Miami, Florida 33165

#### ARTICLE VI

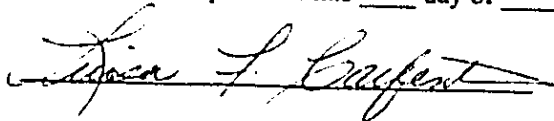
The initial Board of Directors shall consist of a total of two (2) persons, and the name and address of the person who is to serve as an initial director is:

1. Susan C. Cardoso, President and Secretary  
14245 SW 111 Lane  
Miami, Florida 33186-7024
2. Luisa F. Carpentieri, Vice President and Treasurer  
14245 SW 111 Lane  
Miami, Florida 33186-7024

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

Luisa F. Carpentieri  
14245 SW 111 Lane  
Miami, Florida 33186-7024

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these  
Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_, 1995.



STATE OF FLORIDA       )  
                                  ) SS.  
COUNTY OF DADE       )

BEFORE ME, a notary public authorized to take acknowledgments 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: HSI Medical Center, Inc.
2. The name and address of the registered agent and office is:

Luisa F. Carpentieri  
14245 SW 111 Lane  
Miami, FL 33186-7024

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

*Luisa F. Carpentieri*

DATE

*March 31, 1995*