

P95000028238

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) 385-6735

OFFICE USE ONLY

FILED STATES
SECRETARY OF CORPORATIONS
55 APR 10 PM 2:39

200001456792
-04/13/95--01058--010
****122.50 ****122.50

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

1. NEW AGE MEDICAL SERVICE 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

4-10
KAN

LAZARUS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 2:39

ARTICLES OF INCORPORATION

NEW AGE MEDICAL SERVICE 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: NEW AGE MEDICAL SERVICE INC.
1825 PONCE DE LEON STE- 154
CORAL GABLES, FLA- 33134.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1825 PONCE DE LEON STE- 154, CORAL GABLES, FLA 33134.

ARTICLE III SHARES

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

100 x \$10.00 = \$ 1000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: ANDRES MILIAN
1825 PONCE DE LEON STE 154
CORAL GABLES FLA 33134

ARTICLE V. INCORPORATOR(S)

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

ANDRES MILIAN. (PRESIDENT, SECRETARY AND TREASURY)

1825 PONCE DE LEON STE-154
CORAL GABLES FLA-33134

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this
APRIL day of 06 95, 19.

x *Andres Milian*

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

LN2HR06

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 2:40

**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: NEW AGE MEDICAL SERVICE INC

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

ANDRES MILIAN

(NAME)

1825 PONCE DE LEON STE- 154

(P.O. BOX NOT ACCEPTABLE)

CORAL GABLES, FLA 33134

(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

Andres Milian

DATE APRIL- 06-95

P95000028238

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)

890 S.W. 07 AVENUE, SUITE: 16
(Address)

MIAMI, FLORIDA 33174 (305) 552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE
(904) 385-6715

SEARCHED INDEXED
SERIALIZED FILED
JUL 27 1995
FBI - TALLAHASSEE
***435.00 ***435.00

OFFICE USE ONLY

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

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

55 AUG - 4 PM 2:28
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TALLAHASSEE FLORIDA

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

8/4
Amend
Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

NEW AGE MEDICAL SERVICE INC.

(present name)

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95 AUG -4 PM 2:28
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)

SEE ATTACHMENT

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 7, 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 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)

(continued)

ARTICLE IV-REGISTERED AGENT

THE NEW REGISTERED AGENT AND STREET ADDRESS WILL
READ AS FOLLOWS:

GUALBERTO ORTIZ
1825 PONCE DE LEON BLVD. STE 154
CORAL GABLES, FLA 33134

ARTICLE V-DIRECTORS

THE NEW NAME AND ADDRESS OF THE DIRECTOR WILL
READ AS FOLLOWS:

GUALBERTO ORTIZ (P/VP/S/T)
1825 PONCE DE LEON BLVD. STE 154
CORAL GABLES, FLA 33134

Signed this 03 day of AUGUST, 19, 95.

By *[Signature]*
(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)

ANDRES MILIAN.

(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 6/8/95