

P95000030479

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

SECRET
TALLAHASSEE
APR 19 1993
11 11 11

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

1. BAHJAT F. GHANEM M.D. P.A.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit <u>P.A.</u>
<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

4-19
KDN

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this Corporation is BAHJAT F. GHANEM M.D.P.A.

ARTICLE II, NATURE OF BUSINESS

BAHJAT F. GHANEM M.D.P.A. is organized for the purpose of performing medical services as physician in the state of Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of BAHJAT F. GHANEM M.D.P.A. is perpetual.

ARTICLE IV, CAPITAL STOCK

BAHJAT F. GHANEM M.D.P.A. is authorized to issued 1000 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The Principle address of the initial registered office of BAHJAT F. GHANEM M.D.P.A. is:

13311 NW 1st Lane
MIAMI, FL 33182

and the name of the initial registered agent of this corporation at this address is BAHJAT F. GHANEM.

FILE
95 APR 19 AM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES VI. INITIAL DIRECTORS

BAHJAT F. GHANEM M.D.P.A. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

BAHJAT F. GHANEM
13311 NW 1st Lane
MIAMI, FL 33182

PRESIDENT/SECRETARY
DIRECTOR

ARTICLE VII. INCORPORATORS

The name and addresses of the incorporator of this corporation are:

BAHJAT F. GHANEM
1311 NW 1st Lane
MIAMI, FL 33182

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 4th day of April 1995.

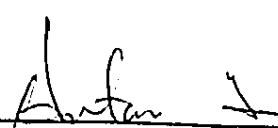
STATE OF FLORIDA)
)
COUNTY OF DADE)



BAHJAT F. GHANEM
INCORPORATOR

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared BAHJAT F. GHANEM, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that 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 4th day of April 1995.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:



ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891

☒ Personally Known ☐ Other I.D.

ACCEPTANCE OF APPOINTMENT

OF


REGISTERED AGENT

FILED
95 APR 19 AM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Pursuant to the provisions of section 607.0501, 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: BAHJAT F. GHANEM M.D.P.A.

2. The name and address of the registered agent and office is:
BAHJAT F. GHANEM
13311 NW 1st LANE
MIAMI, FL 33182

SIGNATURE 
TITLE PRESIDENT
DATE April 4, 1995

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 
DATE April 4, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000030479**

1 Corporation Name

BAHJAT F. GHANEM M.D.P.A.

FILED

96 SEP 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13311 N.W. 1ST LANE
MIAMI FL 33182

Mailing Address

13311 N.W. 1ST LANE
MIAMI FL 33182

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1995

5. FEI Number

65-0579246

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	GHANEM, BAHJAT F	13311 N.W. 1ST LANE	MIAMI FL 33182

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-10/16/96--01003--005

***375.00 ***375.00

8. Name and Address of Current Registered Agent

GHANEM, BAHJAT F
13311 N.W. 1ST LANE
MIAMI FL 33182

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-20-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

(305)

9-20-96 559-6677

CR2E040 (7/96)