

P95000031486

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

890 S.W. 87 AVENUE, SUITE 116
(Address)

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

LOCAL REPRESENTATIVE TALLAHASSEE

(904) 385-6735

OFFICE USE ONLY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 21 PM 3:02

FOODS 1-16-1707
-04/26/95--01017--003
****122.50 ****122.50

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

1. THE SPECIALIST MEDICAL BILLING SERVICES
(Corporation Name) (Document #) INC.
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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
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DIVISION OF CORPORATIONS

Examiner's Initials

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ARTICLES OF INCORPORATION
OF

THE SPECIALIST MEDICAL BILLING SERVICES, INC.
(Proper Noun)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: THE SPECIALIST MEDICAL BILLING SERVICES, INC.

ARTICLE II
DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED (500) shares of one dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

6310 NW 112 Terrace

Hialeah, Fl. 33012

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

NAME: <u>Pilar González</u>
ADDRESS: <u>6310 NW 112 Terrace</u>
CITY: <u>Hialeah</u> STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Ramón González</u>
ADDRESS: <u>6310 NW 112 Terrace</u>
CITY: <u>Hialeah</u> STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Jacqueline Bacerio</u>
ADDRESS: <u>6252 NW 110 Terrace</u>
CITY: <u>Hialeah</u> STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Cristina Rivero</u>
ADDRESS: <u>1758 West 84 Street</u>
CITY: <u>Hialeah</u> STATE: <u>FL</u> Z.C.: <u>33014</u>

**ARTICLE VIII
INCORPORATORS**

The names and addresses of the incorporators signing these Articles of the incorporation, are as follow:

NAME: <u>Pilar González</u>	TITLE: <u>PRESIDENT</u>
ADDRESS: <u>6310 NW 112 Terrace</u>	
CITY: <u>Hialeah</u>	STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Ramón González</u>	TITLE: <u>VICE-PRESIDENT</u>
ADDRESS: <u>6310 NW 112 Terrace</u>	
CITY: <u>Hialeah</u>	STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Jacqueline Bacerio</u>	TITLE: <u>SECRETARY</u>
ADDRESS: <u>6252 NW 110 Terrace</u>	
CITY: <u>Hialeah</u>	STATE: <u>FL</u> Z.C.: <u>33012</u>
NAME: <u>Cristina Rivero</u>	TITLE: <u>TREASURER</u>
ADDRESS: <u>1758 West 84 Street</u>	
CITY: <u>Hialeah</u>	STATE: <u>FL</u> Z.C.: <u>33014</u>
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ Z.C.: _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation, this 19 day of April, 19 95.

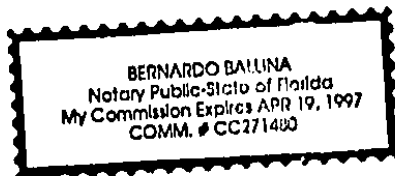
Pilar González (Seal) Ramón González (Seal)
Jacqueline Bacerio (Seal) _____ (Seal)
Cristina Rivero (Seal) _____ (Seal)

STATE OF FLORIDA }
COUNTY OF DADE }

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

Pilar González, Jacqueline Bacerio, Cristina Rivero and Ramón González
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19th. day of April, 1995.



B. Ballina

Notary Public
State of Florida at large

95 APR 21 PM 3:02

CERTIFICATE OF REGISTERED AGENT
OF

THE SPECIALIST MEDICAL BILLING SERVICES, INC.
(Name of Corporation)

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That THE SPECIALIST MEDICAL BILLING SERVICES, INC. desiring to
(Proper Noun)

organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of HIACLEAH, County of DADE State of FLORIDA, has named:

To: Pilar González

Located at: 6310 NW 112 Terrace

City of: Hialeah County OF: Dade

State of Florida.

as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent