

P95000032690

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 STATIONS
SECTION OF CORPORATIONS
55 APR 26 PM 2:11

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-05/01/95--01021--010
****122.50 ****122.50

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

1. OFICINAS MEDICAS MIDWAY INC.
(Corporation Name) (Document #)

2. (MEDICAL OFFICES MIDWAY INC.)
(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

Examiner's Initials

KAN

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ARTICLES OF INCORPORATION

of

OFICINAS MEDICAS MIDWAY INC.
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. 05 APR 26 PM 2:11

ARTICLE I - CORPORATE NAME

The name of the corporation is:

OFICINAS MEDICAS MIDWAY INC.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

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

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500.00 shares (500) of 1.00 Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>MARLENE TORREZ</u>		
ADDRESS	<u>6215 KENDALL LAKES CIRCLE #110,</u>		
CITY	<u>MIAMI FL 33183</u>	FLORIDA	ZIP

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>OFICINAS MEDICAS MIDWAY INC</u>		
ADDRESS	<u>1147 PALM AVE</u>		
CITY	<u>HIALEAH</u>	FLORIDA	ZIP <u>33010</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>ROBERTO GARCIA-- PRESIDENT/VICE-PRESIDENT</u>		
ADDRESS	<u>251 W 42 ST</u>		
CITY	<u>HIALEAH</u>	STATE <u>FL</u>	ZIP <u>33012</u>
NAME	<u>INES GARCIA --TREASURER</u>		
ADDRESS	<u>251 W 42 ST</u>		
CITY	<u>HIALEAH</u>	STATE <u>FL</u>	ZIP <u>33012</u>
NAME	<u>MARLENE TORREZ-- SECRETARY</u>		
ADDRESS	<u>6215 KENDALL LAKES CIRCLE #110</u>		
CITY	<u>MIAMI</u>	STATE <u>FL</u>	ZIP <u>33187</u>

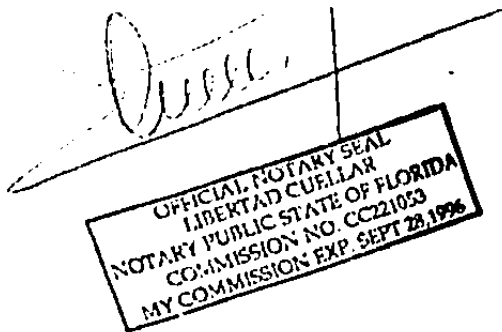
ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME ROBERTO GARCIA		
ADDRESS 251 W 42 ST		
CITY MIAMI	STATE FL	ZIP 33012
NAME INES GARCIA		
ADDRESS 251 W 42 ST		
CITY MIAMI	STATE FL	ZIP 33012
NAME HARLENE TORRES		
ADDRESS 6215 KENDALL LAKES CIRCLE #110		
CITY MIAMI	STATE FL	ZIP 33137

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 25th day of APRIL, 1994.

Roberto Garcia (Seal)
Ines Garcia (Seal)
Harlene Torres (Seal)



**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF REGISTERED AGENT
OF**

95 APR 26 PM 2:11

OPICINAS MEDICAS MIDWAY INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 60215 Kendall Lakes Circle #110
Miami, FLA 33187

has named MARLENE TORRES
located at the aforesaid address, as its Registered 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)

DEBIT MEMORANDUM

TO : DEPARTMENT OF STATE

NUMBER

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	535.30	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	535.30	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	4	176.55

GRAND TOTAL: \$ 535.30

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***137.50 ***137.50

Process Date: 05/05/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

P95000032690

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

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AMENDED
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96 JUN -7 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 JUN -7 11:13
DIVISION OF CORPORATION

Examiner's Initials

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

11 Offinas MEDICAL MIDWAY INC.
SAME
(present name)

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)

Article # 4 the new register agent will be
Manuel Freyre 1840 W 49st #420
Hialeah, Fla 33012

Article # 6 the new BOARD OF DIRECTORS will be
Pres/Sec. Manuel Freyre
Treas/Vic. Manuel Freyre
1840 W 49 St #420
Hialeah, FLA 33012

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TALLAHASSEE, FLORIDA

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 6 - 1996.

FOURTH: Adoption of Amendment(s) (check one)

- ☒ 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)

- ☐ 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 adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 6 day of June, 19 96.

Signature X

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Harlene Torrez

Typed or printed name

Pres. / Secretary
Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X M. Kelly

DATE

June 6/96