

P95000033394

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
 DIVISION OF CORPORATIONS
 05 APR 29 10 25 52

100001471431
 -05/02/95--01134--003
 ****122.50 ****122.50

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

- CELIA FIGUEROA D.D.S., P.A.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(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

W95-9024
 630

4-27

Examiner's Initials KAN



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 27, 1995

LAZARUS CORPORATE INDUSTRIES, INC.
890 S.W. 87th AVENUE
SUITE 16
MIAMI, FL 33174

SUBJECT: CELIA FIGUEROA D.D.S., P.A.
Ref. Number: W95000009024

We have received your document for CELIA FIGUEROA D.D.S., P.A. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The specific nature of business of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 395A00020149

95 APR 28 PM 2:52

ARTICLES OF INCORPORATION
OF
CELIA FIGUEROA D.D.S., P.A.

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:

CELIA FIGUEROA D.D.S., P.A.

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: Professional service as a DENTISTRY.

(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 500 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:

Celia Figueroa
401 Miracle Mile Suite #205
Coral Gables, Fl 33134

The Principal office shall be:

401 Miracle Mile Suite #205
Coral Gables, Fl 33134

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Celia Figueroa
401 Miracle Mile Suite #205
Coral Gables, Fl 33134

P/VP/S/T

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

Celia Figueroa
401 Miracle Mile Suite #205
Coral Gables, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 24 day of April, 1995.

Celia Figueroa

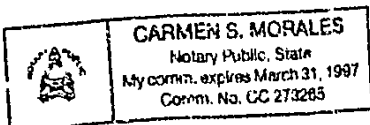
STATE OF FLORIDA)
COUNTY OF DADE) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Celia Figueroa 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 26 day of April, 1995

Carmen S. Morales
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: CELIA FIGUEROA D.D.S., P.A.

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

Celia Figueroa

(NAME)

401 Miracle Mile Suite #205

(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Fl 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 RFLATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Celia Figueroa

DATE

4-21-95

P95000033394

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

Office Use Only

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

1. CELIA FIGUEROA, D.D.S., P.A. (Document #)

2. _____ (Corporation Name) (Document #) W9700002-1909

3. _____ (Corporation Name) (Document #) 500002301205--2
09/23/97--01079--002
****35.00 ****35.00

4. _____ (Corporation Name) (Document #)

Walk in

Pick up time 2.00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

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FILED
97 SEP 25 PM 4: 27
TALLAHASSEE, FLORIDA

7/26
John
Name
Change
97 SEP 23 AM 11: 12
REGISTRATION

X00789, 00563,
00672

Examiner's Initials