P95000033734

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
800 S.W. 87 AVENUE, SUITE:16
(Address)
MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6735

600001473626
-05/03/95--01120--003
****122.50 ****122.50

OFFICE USE ONLY

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

1. CONQUEST MEDICAL CENTER, INC.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

[X] Walk in [X] Pick up time 9:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

SDC

Examiner's Initials	

CR2E031(10/92)

ARTICLES OF INCORPORATION

of

CONQUEST MEDICAL CENTER, INC.
(name of corporation)

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

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CONQUEST MEDICAL CENTER, 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 Five Hundred shares 500 of One Dollar Dollar(s) ($1.00.-) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	CONQUEST MEDICAL CENTER, INC		
ADDRESS	2238 N.W. 7th St.		
CITY	Miami	FLORIDA Fla	ZIP 33125

The name and street address of the Initial Registered Agent [illegible]

NAME	Celida Rodriguez.		
ADDRESS	9534 S.W. 143 PLACE.		
CITY	Miami	FLORIDA Fla.	ZIP 33186

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	Celida Rodriguez		
ADDRESS	9534 S.W. 143 PLACE		
CITY	Miami	STATE Fla	ZIP33186
NAME	Henry Garcia		
ADDRESS	15444 S.W. 50 TERR.		
CITY	Miami	STATE Fla	ZIP 33185
NAME	Enrique A. Garcia		
ADDRESS	9748 S.W. 154 CT.		
CITY	Miami	STATE Fla	ZIP 33196

ARTICLE VII - INCORPORATORS

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

NAME Celida Rodriguez.		
ADDRESS 9534 S.W. 143 PLACE.		
CITY Miami	STATE Fla.	ZIP 33186
NAME Henry Garcia.		
ADDRESS 15444 S.W. 50 TERR.		
CITY Miami	STATE Fla.	ZIP 33185
NAME Enrique A. Garcia.		
ADDRESS 9748 S.W. 154 CT.		
CITY Miami	STATE Fla.	ZIP 33196

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

Celida Rodriguez (Seal)

_____ (Seal)

_____ (Seal)

STATE OF FLORIDA)
SS
COUNTY OF _____,

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

_____

_____

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this _____ day of _____, 19____

(Notary Seal) *(Notary Public, State of Florida at Large)*

My Commission expires:

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

CONQUEST MEDICAL CENTER, 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 9534 S.W. 143 PLACE

Miami, Florida 33186

has named Celida Rodriguez.

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.

Celida Rodriguez

(Registered Agent)

95 MAY -1 PM 3:24

P95000033734

FILED
95 SEP 29 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CONQUEST MEDICAL CENTER, INC
2238 N.W. 7 St. • Miami, FL 33125

(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

700001598787
-10/02/95--01034--003
*****35.00 *****35.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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	Amendment
	Resignation of R.A., Officer/Director
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	Dissolution/Withdrawal
	Merger

VS

O/O resig.

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

OCT 06 1995

Examiner's Initials	

CR2E031(10/92)

Florida Department of State, Jim Smith, Secretary of State

FILED
95 SEP 29 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, CELIDA RODRIGUEZ after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, CELIDA RODRIGUEZ, hereby resign as President (Title) of Conquest Medical Center, Inc. (Name of Corporation), a Florida corporation;

That the corporation has been notified in writing of the resignation.

Celida Rodriguez
Signature of resigning officer/director

Sworn to and subscribed before me this 25th day of September, 1995

NOTARY PUBLIC

OFFICIAL NOTARY SEAL
BRONY MENDEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC190765
MY COMMISSION EXP. APR. 21,1996

My Commission Expires:

FILING FEE IS $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E044 (7-90)