

05/01/95

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FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

10:40 AM

((H95000004842))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

FROM: FAS-T CORP. AGENTS, INC.  
8405 NW 53RD ST  
SUITE C-100  
MIAMI FL 33166-

FAX: (904) 922-4000

CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-8839  
FAX: (305) 592-9591

((H95000004842))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: KINGMAN MEDICAL CLINIC, INC.

FAX AUDIT NUMBER: H95000004842

CURRENT STATUS: REQUESTED

DATE REQUESTED: 05/01/1995

TIME REQUESTED: 10:40:23

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 5

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000004842))

\*\* ENTER 'M' FOR MENU. \*\*

5/01/95

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC PROCESSING MENU

10:40 AM

--KEY--

FILED  
95 MAY -1 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H95000004842

CERTIFICATE OF INCORPORATION  
OF

KINGMAN MEDICAL CLINIC, INC.

WE, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of State of Florida, and subject to the following provisions:

FILED  
95 MAY - 8 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE ONE

THE NAME of the corporation shall be:

KINGMAN MEDICAL CLINIC, INC.

ARTICLE TWO

THE CORPORATION may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE THREE

THE MAXIMUM number of shares of stock which the corporation shall have outstanding at any time, shall be 100 shares of stock which shall be common stock of a par value of \$50.00 per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at a true valuation thereof.

ARTICLE FOUR

THIS CORPORATION shall begin business with a minimum capital in the amount of Five Hundred (\$500) Dollars.

ARTICLE FIVE

THIS CORPORATION shall have perpetual existence.

Prepared by: Omar M. Morell  
290 SW 152nd Ave.  
Leisure City, Fl 33033  
(305) 970-5284

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ARTICLE SIX

THE PRINCIPAL office of the corporation shall be located at: 29035 S.W. 152 AVE. ( KINGMAN ROAD) LEISURE CITY FLORIDA 33033.

OTHER OFFICES for the transaction of business may be located wherever the Directors may deem necessary or expedient.

ARTICLE SEVEN

THE BUSINESS of the corporation shall be managed by a Board of Directors, whom need not be stockholders of the corporation. The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

ARTICLE EIGHT

THE NAMES and mailing addresses of the members of the First Board of Directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

OMAR M. MORELL & ANTONIO AGUILAR  
29035 S.W. 152 AVE. (KINGMAN ROAD)  
LEISURE CITY FLORIDA 33033.

OFFICERS

OMAR M. MORELL	= PRESIDENT/TREASURER
ANTONIO AGUILAR	= VICE-PRESIDENT/SECRETARY

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ARTICLE NINE

THE NAMES and mailing addresses of each of the subscribers to this Certificate of Incorporation are as follows:

OMAR M. MORELL - 29035 S.W. 152 AVE. (KINGMAN ROAD) LEISURE CITY FL 33033

29035  
ANTONIO AGUILAR - 29035 S.W. 152 AVE (KINGMAN ROAD) LEISURE CITY FL 33033

ARTICLE TEN

THIS CORPORATION shall have full power to carry on and transact each or all of the businesses enumerated in Article Two of this Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

ARTICLE ELEVEN

THIS CORPORATION shall have the power to issue the whole or any part, as determined by the Board of Directors, of the shares of the capital stock as partly said, subject to calls thereon until the whole thereof shall have been paid.

ARTICLE TWELVE

UPON ELECTION of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law or in this Certificate otherwise provided by the by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided provided by law, whether said stock shall be fully or partially paid, unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

ARTICLE THIRTEEN

THIS CORPORATION shall designate OMAR M. MORELL with offices located at 29035 S.W. 152 AVE. LEISURE CITY FL. 33033, as its duly authorized Registered Agent to be in charge of the Corporate Registered Office as required by State Law.

H95000004842

05/01/95 12:15 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 005

H95000004842

IN WITNESS WHEREOF, the undersigned incorporators have hereunto  
set their hand affixed seals on this 26 day of April, 1995

  
OMAR M. MORELL.

  
ANTONIO AGUILAR.

STATE OF FLORIDA )

)

COUNTY DADE )

BEFORE ME, the undersigned authority, duly authorized to administer  
oaths and take acknowledgements, personally appeared :

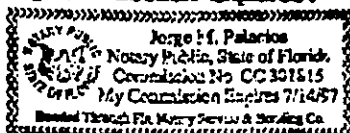
OMAR M. MORELL & ANTONIO AGUILAR.

Who after first being duly sworn, executed the foregoing Certificate  
of Incorporation, freely and voluntarily for the purposes therein expressed

IN WITNESS, I have hereunto set my hand and official seal at Miami  
said County and State, this 26 day of April, 1995.

  
Notary Public, STATE OF FLORIDA.

My Commission Expires:



H95000004842

05/01/95 12:15 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 006

H95000004842

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

OMAR M MORELL

In pursuance of Chapter .091, Florida Statutes,  
the following is submitted, in compliance with said act:

FIRST, That KINGMAN MEDICAL CLINIC, INC.

desiring to organize under the laws of the State of Florida  
with its principal office, as indicated in the Articles of  
Incorporation, in the City of MIAMI, County of

DADE. State of Florida --- has named:

OMAR M. MORELL

29035 S.W. 152 AVE. (KINGMAN ROAD)

LEISURE CITY, FLORIDA 33033.

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

ACKNOWLEDGEMENT:

Having been named to accept service of process  
the above stated corporation, at place designated in the cer-  
ficate, I hereby accept to act in this capacity, and agree to  
comply with the provision of said Act relative to keeping open  
said office.

BY

OMAR M. MORELL

FILED  
95 MAY -1 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# P95000033782

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. KINGMAN MEDICAL CLINIC, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 700002318447--9  
-10/13/97--01028--028  
\*\*\*\*\*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

NEW FILINGS	
<input 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 checked="" type="checkbox"/>	Resignation of <del>ICA</del> , 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

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97 OCT 13 PM 1:28  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

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97 OCT 13 AM 10:34  
DIVISION OF CORPORATION

10/13  
Jon  
D/O  
Resign

FILED

97 OCT 13 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA DEPARTMENT OF STATE  
AFFIDAVIT OF RESIGNATION OF OFFICER  
OR DIRECTOR**

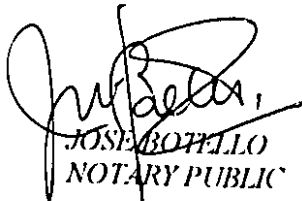
**STATE OF FLORIDA  
COUNTY OF DADE**

***I OMAR M MORELL 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 OMAR M MORELL HEREBY RESIGN AS PRESIDENT OF KINGMAN  
MEDICAL CLINIC, INC. (document No. p95000033782), a FLORIDA CORPORATION;  
THAT THE CORPORATION HAS BEEN NOTIFIED IN WRITING OF THE RESIGNATION.***

  
\_\_\_\_\_  
OMAR M MORELL

***SWORN TO AND SUBSCRIBED BEFORE ME THIS JANUARY 6<sup>TH</sup>, 1997.***

  
JOSE BOTELLO  
NOTARY PUBLIC

1/6/97

