

P95000034564

FILED

95 MAY -3 11 2 03

SECRET  
TALLAHASSEE

LAZARDUS 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) 385-6775

OFFICE USE ONLY

800001476418  
-05/04/95--01125--018  
\*\*\*122.50 \*\*\*122.50

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

1. Jude MEDICAL CENTER INC.  
(Corporation Name) (Document #)
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

NANCY HENDRICKS MAY - 3 1995

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
JUDE MEDICAL CENTER INC.

FILED

95 MAY -3 11 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be: JUDE MEDICAL CENTER  
INC.

ARTICLE II

This corporation shall have perpetual existence, unless--  
sooner dissolved in accordance with the laws of the State of-  
Florida.-

ARTICLE III

This corporation is organized for the purpose of transacting--  
any and all business permitted under the laws of the United --  
States and the State of Florida.-

ARTICLE IV

This Corporation is authorized to issue ONE HUNDRED SHARES --  
(100) shares of ONE DOLLAR (\$1.00)- - - - - par --  
value of common stock, which shall be designated "Common-  
Stock".-

2 -

ARTICLE V

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that -- which he already holds, shall have the right to purchase his-- pro rata share thereof (as nearly as may be done without issuance of fractional share) at the price at which is offered to others.--

ARTICLE VI

The street address of the initial principal office of this - Corporation is: 18810 NW 57 AVE. MIAMI GARDENS, FL. 33055.--

and the name of the initial Registered Agent of this Corpora-- tion is: AMELIA FARINAS, 18810 NW 57 AVE. - MIAMI GARDENS. -- FLORIDA. 33139.--

ARTICLE VII  
INITIAL BOARD OF DIRECTORS

This Corporation shall have THREE director(s) initially.-- The number of directors may be either increased or diminished -- from time to time by the bylaws but shall never be less than-- ONE.--

The name(s) and address(es) of the initial director(s) of the Corporation is(are): AMELIA FARINAS      President      34  
18810 NW 57 AVE.  
MIAMI GARDENS, FL. 33055

ABRAHAM CONDARCO      Vice-President      33  
1260 LENOX AVE.  
MIAMI BEACH, FL. 33139

RAUL BATISTA      Treasurer      33  
625 E 49 ST      Secretary  
HIALEAH, FL. 33013

ARTICLE VIII

1.- The initial bylaws of this Corporation shall be adopted -  
by the Board of Directors.- The bylaws may be amended from --  
time to time by either the stockholders or the directors.- --  
The stockholders may amend, alter or repeal any bylaw adopted  
by the directors.- The directors may not alter, amend or re--  
peal any bylaws adopted by the stockholders, nor may the - -  
directors adopt bylaws which would be in conflict with the --  
bylaws adopted by the stockholders.--

2.- Any incorporator or stockholder present at any meeting, -  
either in person or by proxy, and any director present in --  
person at any meeting of the Board of Directors, shall be --  
deemed to have received proper notice of such meetings unless  
he shall make objection at such meeting to any defect on in--  
sufficiency of notice.-

3.- Each director and officer of the corporation, whether or-  
not then in office, shall be indemnified by the Corporation--  
against all costs and expenses reasonable incurred by or --  
imposed upon him in connection with or arising out of any --  
claim, demand, action, suit or proceeding in which he may be-  
involved or to which he may be a party by reason of his being  
or having been a director or officer of the Corporation, said  
costs and expenses to include attorney's fees and the costs--  
of reasonable settlement made with a view to curtailment of -  
costs of litigation, except in relation to matters as to -  
which he finally shall be adjudged in any such action, suit--

or proceeding to have been derelict in the performance of his duty as such officer or director.- Such right of indemnification shall not be exclusive of any other rights to which he may be entitled as a matter of law: and the foregoing right of indemnification shall inure to the benefit of the heirs, executors and administrators of any such director or officer.

4.- A director or officer of the Corporation shall not be disqualified by his office from dealing or contracting with the Corporation either as a lender, purchaser, or otherwise, nor shall any transaction or contract of the Corporation be void or voidable by reason of the fact that any director or officer or any firm of which any director or officer is a or any corporation of which any director or officer is a stockholder or director, is in any way interested in such transaction or contract, provided that such contract or transaction is or shall be authorized, ratified, or approved by either: -

(a) a vote of a majority of the outstanding shares of the stock in the Corporation entitled to vote: or (b) a vote of a majority of the board of directors having no interest in such contract or transaction.- A director interested in the contract or transaction who is present may participate in the meeting and may be counted for quorum purposes.- Additionally no director or officer shall be liable to account to the Corporation for any profits realized by, from, or through any such transaction or contract authorized, ratified or approved as herein provided by reason of the fact that he, or any firm

- 5 -

of which he is a member or any corporation of which he is a -  
stockholder, officer, or director, was interested in such --  
transaction or contract.- Nothing herein contained shall--  
create liability in the event above described or prevent the  
authorized approval of such transactions or contracts in any  
other manner permitted by law.-

#### ARTICLE IX

The name(s) and address(es) of the person(s) signing these --  
articles is(are): AMELIA FARINAS

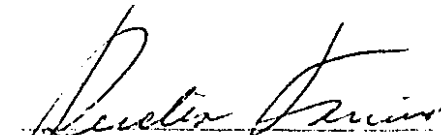

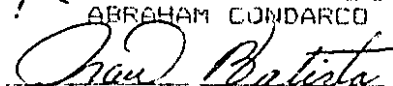
18810 NW 57 AVE.  
MIAMI GARDENS, FL. 33055

ABRAHAM CONDARCO  
1260 LENOX AVE.  
MIAMI BEACH, FL. 33139

RAUL BATISTA  
625 E 49 ST  
HIALEAH, FL. 33013

IN WITNESS WHEREOF:

The undersigned subscriber(s) has(have) executed these arti-  
cles of incorporation this 18 day of APRIL, 1995.-

  
\_\_\_\_\_  
AMELIA FARINAS  
  
\_\_\_\_\_  
ABRAHAM CONDARCO  
  
\_\_\_\_\_  
RAUL BATISTA

FILED  
95 MAY -3 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA NAMING AGENT -  
UPON WHOM SERVICE OF PROCESS MAY BE MADE.-

In compliance with section 607.034 of the Florida Statutes  
the following is submitted:

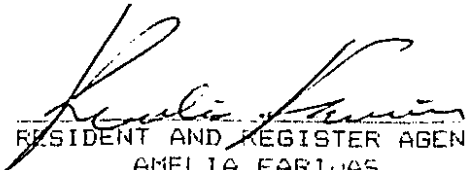
Desiring to organize or qualify under the laws of the State -  
of Florida with its principal place of business in the City -  
of MIAMI GARDENS, County of DADE, Florida, whose Cor--  
porate name is: JUDE MEDICAL CENTER INC.

has named as its Agent to accept service of process within -  
the State of Florida: AMELIA FARINAS

ACKNOWLEDGMENT

Having been named to accept service of process for the above-  
mentioned Corporation, at place designated in this Certifica-  
te, I here by agree to act in this capacity, and further  
agree to comply with the provisions of all the Statutes rela-  
tive to the proper and complete performance of my duties.-

Dated this 18 day of APRIL 1995.-

  
RESIDENT AND REGISTER AGENT  
AMELIA FARINAS  
18810 NW 57 AVE.  
MIAMI GARDENS, FL. 33055

999 POND DRIVE, BLDG. 10  
SUITE 1110  
CORAL GABLES, FLORIDA 33134

ENRIQUE J. VENTURA, JR.

ATTORNEY AT LAW

TEL: (305) 444-0032  
FAX: (305) 446-5821

P95 000034564

March 22, 1996

Department of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

600001759866  
-03/27/96--01084--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: Articles of Amendments to the Articles of Incorporation  
of Jude Medical Center, Inc.

To whom it may concern:

Enclosed please find an executed and original Articles of  
Amendments to the Articles of Incorporation of Jude Medical  
Center, Inc. to be filed. Our office also needs a certified copy  
of the same.

Along with the Articles, enclosed please find a check in the  
amount of Eighty Seven Dollars and 50/100 (\$87.50) for the filing  
and the certified copy.

Thank you for your cooperation in advance. If you have any  
questions, please do not hesitate to contact my office.

Very truly yours,

Enrique J. Ventura,

EJV/nm

Enclosures

FILED  
36 MAR 26 PM 1:49  
JULIA ALIASSER:LEO:JQA

OK  
P95000034564  
Amend  
\* Cat Copy



ARTICLES OF AMENDMENT TO THE  
ARTICLES OF INCORPORATION OF  
JUDE MEDICAL CENTER, INC.

Pursuant to the provisions of Section 607.1006 of the Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted:

At a special meeting of Shareholders of the Corporation held on March 4, 1996, the following changes were approved by 100% of the Shareholders:

NEW OFFICERS ELECTED

AMELIA FARINAS, PRESIDENT, TREASURER, SECRETARY,  
DIRECTOR

The following officers resigned:

RAUL BATISTA, TREASURER, SECRETARY, DIRECTOR

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:

N/A

THIRD: The date of each amendment's adoption is August 6, 1995.

FOURTH: Adoption of Amendment(s):

The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this 6th day of August, 1995.

By:   
AMELIA FARINAS, PRESIDENT

FILED  
36 MAR 26 PM 1:19  
TALLAHASSEE, FLORIDA

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000034564**

**JUDE MEDICAL CENTER INC.**

**FILED**

**96 SEP -3 AM 8:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business: **2600 W 84 ST  
HIALEAH, FL. 33016**  
Mailing Address: **2600 W 84 ST  
HIALEAH, FL. 33016**

3. Date Incorporated or Qualified <b>May 3, 1995</b>	3a. Date of Last Filing
4. FEI Number <b>65-0597918</b>	Applied For <input type="checkbox"/> No Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent  
**AMELIA FARINAS  
18810 NW 57 AVE.  
MIAMI GARDENS, FL. 33055**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for its purpose in changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

Signature of person named as registered agent and file if applicable

(Delete) Registered Agent signature (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/VP/T/S/D <input type="checkbox"/> DELETE
NAME	Amelia Farinas
STREET ADDRESS	18810 NW 57 AVE.
CITY, ST, ZIP	MIAMI GARDENS, FL. 33055
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

**REINSTATEMENT**  
*[Signature]*

**400001942954  
-09/10/96--01034--006  
\*\*\*\*375.00 \*\*\*\*375.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-28-96 (305) 822-5010**

CR2E034 (12/95)