

P950000 38672

FILED
95 MAY 16 PM 1:40
RECEIVED
TALLAHASSEE

LAZARUS 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) 385-6735

OFFICE USE ONLY

400001481394
-05/17/95--01111--008
****122.50 ****122.50

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

1. COMPLETE CARE MEDICAL CENTERS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:30 ☒ 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

W95-9616

NANCY HENDRICKS MAY 16 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 8, 1995

LAZARUS

TALLAHASSEE,

SUBJECT: COMPLETE CARE MEDICAL CENTERS, INC.
Ref. Number: W95000009616

We have received your document for COMPLETE CARE MEDICAL CENTERS, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The designation of the registered agent must be at a Florida street address.

The principal address and registered office are two separate requirements. Please correct article 6 to read principal "and" registered office, as long as they are the same address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 295A00022642

**ARTICLES OF INCORPORATION
OF
COMPLETE CARE MEDICAL CENTERS, INC.**

FILED
95 MAY 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, in order to form a corporation for the purposes hereinafter stated, by and under the provisions of the Statutes of the State of Florida, do hereby subscribe to these Articles of Incorporation.

ARTICLE I. NAME

The name of this corporation is:

COMPLETE CARE MEDICAL CENTERS, INC.

ARTICLE II. DURATION

This corporation shall have perpetual existence.

ARTICLE III. PURPOSE

This corporation is organized for the following purposes:

a. Of transacting any and all business permitted under the laws of the United States and under the laws of the State of Florida.

b. To purchase, sell, lease, operate, own, hold, transfer, convey, mortgage, or otherwise encumber, trade, exchange and generally deal in real estate and personal property of every kind, nature and description wheresoever located, both tangible and intangible and including choses in action, either as owner, broker, agent or factor.

c. In the purchase or acquisition of property, business rights or franchise, or for additional working capital, or for any other objective in or about its business affairs and without limit as to amount; to incur debts and to raise, borrow and secure the

payment of money in any lawful manner, including the issue and sale or other disposition of bonds, evidence of indebtedness, whether secured by mortgage, pledge, deed of trust or otherwise. The corporation may issue its stock for any lawful purposes, including the acquisition of any other entity.

d. To engage in any and all lawful activity and to institute, participate in and promote commercial, mercantile, financial and industrial enterprises and operations, and for the purpose of transacting any or all lawful business.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 100,000 shares of common stock at one cent (\$0.01) dollar par value.

ARTICLE V. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share at the price at which it is offered to others.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal/registered office of this corporation is: Health Care Holdings, Inc., 2190 N.W. 7th Street Miami, Florida 33125. , and the name of the registered agent of this corporation at that address is: RAFAEL A. CERUELOS.

ARTICLE VII. INITIAL BOARD OF DIRECTORS

This corporation shall have ONE director(s) initially. The number of director(s) may be either increased or decreased by the By-Laws adopted by the shareholders but shall never be less

than one. The name(s) and address(es) of the initial director(s) of this corporation is/are:

NAME	ADDRESS
RAFAEL A CERUELOS	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363

ARTICLE VIII. INCORPORATION

The name(s) and address(es) of the incorporator(s) is/are:

NAME	ADDRESS
RAFAEL A. CERUELOS, Pres.	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363
RONALD PIZZOLO, Vice/Pres.	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363
GARY GRODY, Vice/Pres.	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363
Mariano Medina, Vice/Pres.	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363
Wilfredo Mascaro, Vice/Pres.	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363
Stuart Schwartz, Secretary/Treas	C/O Health Care Holdings, Inc. 44-14 Jessie Court, Little Neck, New York 11363

IN WITNESS WHEREOF, the undersigned have made, subscribed and acknowledged this articles of incorporation on this _____ day of March, 1995.


RAFAEL A. CERUELOS

STATE OF FLORIDA)
 :SS
COUNTY OF DADE)

BEFORE ME the undersigned authority personally appeared
RAFAEL A. CERUELOS, known to me to be the person who executed these
Articles of Incorporation of "COMPLETE CARE MEDICAL CENTERS, INC.",
and has acknowledged before me that he has executed the same for
the purposes expressed herein.

IN WITNESS WHEREOF, I have set my hand and affixed my
official seal at Miami, Dade County, Florida, this ____ day of March
1995.

My commission expires:


NOTARY PUBLIC

NOTARY PUBLIC, STATE OF FLORIDA
JULIA GUSCO
MY COM. EXPIRES
MAY 20, 1995

ACCEPTANCE OF DUTIES OF REGISTERED AGENT

Having been named to accept service of process for at the
place designated in the foregoing Articles of Incorporation, I
hereby agree to act in this capacity, and I further agree to comply
with the provisions of all statutes relative to the proper and
complete performance of my duties.

DATE: March 17, 1995

SIGNATURE: 

RAFAEL A. CERUELOS