

P95000044171

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)385-6715

OFFICE USE ONLY

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

1. SAGITARIUS RENTAL MEDICAL CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:10

☒ 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 JUN - 8 1995

Examiner's Initials

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SAGITARIUS RENTAL MEDICAL CORP.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: ODALYS PEREIRA  
Name (printed or typed)

# 3610 N.W. 15 street  
Address

Miami Fla 33125  
City, State & Zip

(305) 635-7256  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

FILED  
95 JUL-3 11 42  
TOL

## ARTICLES OF INCORPORATION

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I    NAME

The name of the corporation shall be:

SAGITARIUS RENTAL MEDICAL CORP.

### ARTICLE II    PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

# 3610 N.W 15 Street  
Miami, Florida, 33125

### ARTICLE III    SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 X \$100 = \$1000

### ARTICLE IV    INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ODALYS PEREIRA  
# 3610 N.W 15 Street  
Miami, Florida, 33125

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ODALYS PEREIRA

#3610 N.W 15 street

Miami, Florida. 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

seventh day of June, 1995.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: SAGITARIUS RENTAL MEDICAL CORP

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

ODALYS PEREIRA  
(Name)

# 3610 N.W. 15 Street  
(P.O. Box not acceptable)

Miami, Florida, 33125  
(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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*[Signature]*  
(Signature)

6/7/95  
(Date)

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Requestor's Name

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Address

MIAMI, FLORIDA 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

6000001898106  
-07/19/96--01013--024  
\*\*\*\*35.00 \*\*\*\*35.00

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96  
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96 JUL 19 PM 3:32  
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SECRET  
TALLAHASSEE FLORIDA

## ARTICLES OF DISSOLUTION

FILED  
96 JUL 19 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation is SAGITARIUS RENTAL MEDICAL CORP

**SECOND:** The articles of incorporation were filed on JUNE 8 1995

**THIRD:** (check one)

- ☒ None of the corporation's shares have been issued.  
☐ The corporation has not commenced business.

**FOURTH:** No debt of the corporation remains unpaid.

**FIFTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

**SIXTH:** Adoption of Dissolution (check one)

- ☐ A majority of the incorporators authorized the dissolution.  
☒ A majority of the directors authorized the dissolution.

Signed this 15 day of July, 19 96

Signature

Pereira  
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

Odalys Pereira

(Typed or printed name)

President

(Title)