

P95000056974

FILED

95 JUL 24 PM 3:30

SECRET
TALLAHASSEE, FLORIDA

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

000001546480
-07/26/95--01049--005
****122.50 ****122.50

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

1. FATIMA 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

Examiner's Initials KA 7-21-95

ARTICLES OF INCORPORATION

OF

FATIMA MEDICAL CENTER, INC.

FILED

95 JUL 24 PM 3:30

SECRET
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

FATIMA MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

1165 S.W. 8th Street Miami, Fl. 33130

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 shares at \$5.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Chester Matos Pres. & Sec.
11451 S.W. 33 Lane
Miami, Fl. 33165

ARTICLE VI INCORPORATOR(S)

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

Chester Matos
11451 S.W. 33 Lane
Miami, Fl. 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17th day of July, 1995.

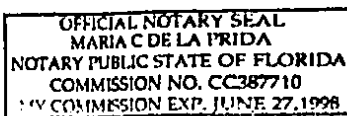
Signature(s) of Incorporator(s)

Chester Matos

STATE OF Florida
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 17th day of July, 1995 by Chester Matos
(Name of Incorporator)
of Fatima Medical Center, Inc.
(Name of Corporation)

Driver License Identification



Notary Public

Maria C. De la Prada, Maria C de la Prada
My Commission Expires: JUNE 27, 1998

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$20

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: Fatima Medical Center, Inc.

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

Chester Matos

11451 S.W. 33 Lane

(P. O. BOX NOT ACCEPTABLE)

Miami, Fl. 33165

(CITY/STATE/ZIP)

X SIGNATURE *Chester Matos*

(Corporate Officer)

TITLE Pres.

DATE 7/17/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

X SIGNATURE *Chester Matos*

(Registered Agent)

DATE 7/17/95

P95000056974

Requestor's Name

Company Name

Address

City/State/Zip

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 #) 700001910877
-08/01/96--01069--011
*****35.00 *****35.00

4 (Corporation Name) (Document #)

☐ Walk in

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☐ Certified Copy

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☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
96 AUG -1 AM 11:35



Florida Department of State, Jim Smith, Secretary of State
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

REC-1
FILED
MAR 11 1996
TALLAHASSEE, FL

STATE OF FLORIDA
COUNTY OF DADE

I, CHESTER MATOS 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, CHESTER MATOS, hereby resign as PRES-SEC. of
(Title)
FATIMA MEDICAL CENTER, INC., a Florida corporation;
(Name of Corporation)

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

Chester Matos
Signature of resigning officer/director

Sworn to and subscribed before me this 22nd day of March/96

[Signature]
NOTARY PUBLIC

My Commission Expires: _____

FILING FEE IS \$35.00

P95000056974

Domestic Name
City/State/Zip

Office Use Only

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PA-805
8.23.96

8-447,00-3, 1066, 5-114

APPROVED
FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 14, 1996

Choslor Matos
11451 SW 33rd Lane
Miami, FL 33165

SUBJECT: FATIMA MEDICAL CENTER, INC.
Ref. Number: P95000056974

We have received your document for FATIMA MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are no officers listed in the corporation. To resign as registered agent the attached resignation form should be completed and returned with an additional check in the amount of \$52.00.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 696A00038638

APPROVED
FILED
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FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Charles M. Miller
(Name of registered agent)

hereby resigns as Registered Agent for Florida Shipping Company
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Charles M. Miller
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

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