

P9500060422

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

800001556668
-08/09/95--01097--015
****122.50 ****122.50

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

1. PHYSICIANS HEALTH CARE GROUP, 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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1995

LAZARUS

MIAMI, FL

SUBJECT: PHYSICIANS HEALTH CARE GROUP, INC.
Ref. Number: W95000015131

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

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

The document must include original signatures.

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: 195A00035722

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this Corporation is PHYSICIANS HEALTH CARE GROUP, INC.

ARTICLE II, NATURE OF BUSINESS

PHYSICIANS HEALTH CARE GROUP, INC. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of PHYSICIANS HEALTH CARE GROUP, INC. is perpetual.

ARTICLE IV, CAPITAL STOCK

PHYSICIANS HEALTH CARE GROUP, INC. is authorized to issued 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The Principle address and the initial registered office of PHYSICIANS HEALTH CARE GROUP, INC. is:

136 MADEIRA AVE
CORAL GABLES, FL 33134

and the name of the initial registered agent of this corporation at this address is LAZARO MARTINEZ.

ARTICLES VI, INITIAL DIRECTORS

PHYSICIANS HEALTH CARE GROUP, INC. shall have two (2) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

LAZARO MARTINEZ
8 PELICAN RD
KEY LARGO, FL 32037

PRESIDENT
DIRECTOR

NORMA PINEADA
8 PELICAN RD
KEY LARGO, FL 32037

SECRETARY
DIRECTOR

ARTICLE VII, INCORPORATORS

The name and addresses of the incorporator of this corporation are:

LAZARO MARTINEZ
8 PELICAN RD
KEY LARGO, FL 32037

NORMA PINEADA
8 PELICAN RD
KEY LARGO, FL 32037

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 20th day of July 1995.

STATE OF FLORIDA)
COUNTY OF DADE)

Lazaro Martinez

Lazaro Martinez
LAZARO MARTINEZ
INCORPORATOR

Norma Pineada
NORMA PINEADA
INCORPORATOR

Norma Pineada

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared LAZARO MARTINEZ AND NORMA PINEADA, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 21st day of July 1995.

Antonio Garcia
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:



ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891

☒ Personally Known ☐ Other I.D.

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

Pursuant to the provisions of section 607.0501, 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: PHYSICIANS HEALTH CARE GROUP INC

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

LAZARO MARTINEZ

136 MADEIRA AVENUE

CORAL GABLES, FL 33134

SIGNATURE *Lazaro Martinez*

TITLE PRESIDENT

DATE July 20, 1995

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 *Lazaro Martinez*

DATE July 21, 1995

95 AUG -1 PM 2:53

P95000060422



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 19, 1996

PHYSICIANS HEALTH CARE GROUP, INC.
951 SW LEJEUNE ROAD
202
MIAMI, FL 33134US

SUBJECT: PHYSICIANS HEALTH CARE GROUP, INC.
Ref. Number: P95000060422

Debit Memo #: 1696-B

This is to inform you that your check #1824 in the amount of \$200.00 and submitted for PHYSICIANS HEALTH CARE GROUP, INC. has been returned to us by your bank because of NSF.

We request that you remit a cashier's check or money order in amount of \$215.00 made payable to the Department of State. This amount will cover the unpaid fees and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please refer to the debit memo number listed above and state that it is a replacement for the returned check mentioned above.

Please note that the documents filed by this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Pat Bailey
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning this matter, please call (904) 487-6816.

Sincerely,
Pat Bailey
Accountant I
Division of Corporations

Letter number: 096A00007140

P95000060422



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 3, 1996

PHYSICIANS HEALTH CARE GROUP, INC.
136 MADEIRA AVE
CORAL GABLES, FL 33134

SUBJECT: PHYSICIANS HEALTH CARE GROUP, INC.
Ref. Number: P95000060422

Debit Memo #: 1696-B

Due to your failure to respond to our previous letter, your Annual Report for PHYSICIANS HEALTH CARE GROUP, INC. has been cancelled and is considered not filed as of April 3, 1996.

Please refer to our previous letter advising you of the returned check.

Section 607.1421, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida corporation or revoke the authority to transact business of a foreign corporation for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$ is not received within the 60 day period, your corporation will be administratively dissolved or revoked and a reinstatement fee of an additional \$175 will be imposed.

Please send your response to:

Division of Corporations
Attn: Pat Bailey
P.O. Box 6327
Tallahassee, FL 32314