

P95000063726

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) 305-6715

OFFICE USE ONLY

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-03/17/95--01005--010  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. BROAD HORIZON HEALTH 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

ARTICLES OF INCORPORATION  
OF

BROAD HORIZON HEALTH CENTER, INC.

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:

BROAD HORIZON HEALTH CENTER, INC.

The principal place of business of this corporation shall be:

1801 CORAL WAY #411 B  
MIAMI, FL 33129

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):

CARLOS MORERA  
PRES. / V.PRES. / SEC. / TRES.  
7400 W 20TH AVE  
HIALEAH, FL 33016

RECORDED  
INDEXED

25 AUG 17 PM 1:01

FILED

ARTICLE 21. INCORPORATOR(S).

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

CARLOS MORERA  
7400 W. 20 AVE  
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14TH day of AUGUST, 1995.

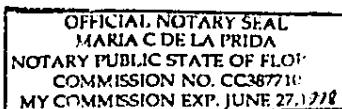
Signature(s) of Incorporator(s)

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE  
KNOWN

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 14th day of August, 1995, by Carlos Morera  
(Name of Incorporator)  
of BROAD HORIZON HEALTH CENTER, INC. (Name of Corporation)



(SEAL)

Notary Public

[Signature] / MARIA C DE LA PRIDA

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: BROAD HORIZON HEALTH CENTER, INC.

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

\_\_\_\_\_CARLOS MORERA\_\_\_\_\_

\_\_\_\_\_7400 W 20TH AVE APT 121\_\_\_\_\_  
(PO BOX NOT ACCEPTABLE)

\_\_\_\_\_HIALEAH, FL 33016\_\_\_\_\_  
(CITY/STATE/ZIP CODE)

Signature \_\_\_\_\_  
(Corporate Officer)

Title: \_\_\_\_\_PRESIDENT\_\_\_\_\_

Date. \_\_\_\_\_AUGUST 14TH, 1995\_\_\_\_\_

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.

Signature \_\_\_\_\_  
(Registered Agent)

Date \_\_\_\_\_AUGUST 14TH, 1995\_\_\_\_\_

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