# P950010067927

LAZARUS CORPORAT (Requestor's Name	E INDUSTRIES, INC.	
890 S.W. 87 AVEN		
(Address)		İ
MIAMI, FLORIDA (City, State, Zip)	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY
LOCAL REPRESENTA		
(904)385-6715		
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CORPORATION NAME	IE(s) & DOCUMENT NUMB	ER(S) (if known):
1. VICTOR M	. JUNEO N.D.,	P.A.
(Corporati	on Name)	(Document #)
2. (Corporation	on Name)	(Document #)
3.		
(Corporation 4.	on Name)	(Document #)
(Corporati	on Name)	(Document #)
Walk in	ck up time	Certified Copy
Mail out W	/ill wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
✓ Profit	Amendment	
NonProfit	Resignation of R.A., Officer/I	Director
Limited Liability	Change of Registered Agent	.3
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	M5-17594
Annual Report	Foreign	M5-17594
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	Examiner's Initials C1
CR2E031(10/92)	3.00	(1911/95



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 31, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

We have received your document for and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 487-6973.

Claretha Golden Document Specialist

Letter Number: 995A00040672

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# APTICLES OF INCORPORATION

OF

VICTOR M. JUNCO M.D., P.A.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION, DESIRING TO FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ACCEPT ALL THE RIGHTS AND PRIVILIGES, BENEFITS AND OBLIGATIONS CONFERRED AND IMPOSED BY SAID LAWS AND DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION AS THE CHARTER OF THE CORPORATION HEREBY ORGANIZED.

ARTICLE I

NAME

THE NAME OF THE CORPORATION SHALL BE:

VICTOR H. JUNCO M.D., P.A.

ARTICLE II

DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE, COMMENCING UPON THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE DEPARTMENT OF THE STATE OF THE STATE OF FLORIDA.

# ARTICLE III

# PURPOSE AND POWERS

THIS CORPORATION IS ORGANIZED TO THE PURPOSE OF ENGAGING IN ALL LAW FULL BUSINESS PERMITTED TO A CORPORATION ORGANIZED UNDER THE FLORIDA GENERAL CORPORATION LAW AND THE LAWS OF THE UNITED STATES AND SHALL HAVE ALL THE POWERS SET FORTH IN SAID LAWS. THE SPECIFIC NATURE OF BUSINESS IS TO CONDUT IN GENERAL MEDECINE.

### ARTICLE IV

### CAPITAL STOCK

THE AMOUNT OF CAPITAL STOCK AUTHORIZED SHALL CONSIST OF < 5000 > SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.00 PER SHARE PAYABLE IN LAWFUL MONEY OF THE UNITED STATES OF AMERICA, OR IN OTHER PROPERTY, TANGIBLE OR INTANGIBLE, OR IN LABOR OR SERVICES ACTUA'LY PERFORMED FOR THE CORPORATION AT A JUST VALUATION TO BE FIXED BY THE BOARD OF DIRECTORS OR THE SHAREHOLDERS OF THIS CORPORATION.

THE CAPITAL STOCK OF THE CORPORATION MAY AT ANY TIME BE INCREASE OR DECREASE AS PROVIDED BY THE LAWS OF FLORIDA.

### ARTICLE V

### INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN EUSINESS IS NOT LESS THAN FIVE HUNDRED DOLLARS (\$500.00)

### ARTICLE VI

INITIAL CORPORATE ADDRESS AND INITIAL REGISTERED OFFICE AND AGENT

THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION IS: 201 SEVILLA AVENUE #213, CONAL GABLES, FLORIDA 33134

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:

201 SEVILLA AVENUE #213, CORAL GABLES, FLORIDA 33134

NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

VICTOR M. JUNCO M.D.

# ARTICLE VII

### INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DECREASED FROM TIME TO TIME BY ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE BY-LAWS.

THE NAMES AND ADDRESS OF THE INITIAL DIRECTORS OF THIS CORPORATION ARE:

NAMES

STATUS

**ADDRESS** 

VICTOR M. JUNCO

PRESIDENT/ SECRETARY 201 SEVILLA AVENUE #213 CORAL GABLES, FL 33134

ARTICLE VIII

INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION IS:

VICTOR M. JUNCO M.D.

ARTICLE IX

# **AMENDMENT**

UNLESS OTHERWISE SET FORTH HEREIN, THE CORPORATION RESERVE THE RIGHT, IN ACCORDANCE WITH THE FLORIDA GENERAL CORPORATION LAW, TO AMEND, ALTER MODIFY, OR REPEAL ANY PROVISION OR PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HEREIN, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

IN WITNESS WHEREOF, THE ABOVE NAMED INCORPORATOR SUBSCRIBED HIS NAME THIS 22TH.DAY OF \_\_\_\_AUG.\_\_\_ 1995. STATE OF FLORIDA COUNTY OF DADE BEFORE ME, THE UNDERSIGNED OFFICER, THIS DAY PERSONALLY APPEARED, VICTOR M. JUNCO M.D. TO ME WELL KNOWN TO BE THE PERSON DESCRIBED IN AND WHO SUBSCRIBED HIS NAME TO THE FOREGOING ARTICLES OF INCORPORATION AND ACKNOWLEDGE BEFORE ME, THAT HE EXECUTED SAID ARTICLES OF INCORPORATION FOR THE USES AND PURPOSES THEREIN EXPRESSED. WITNESS MY HAND AND OFFICIAL SEAL AT THE COUNTY AND STATE AFORSAID, THIS 22TH.DAY OF AUG. 1995

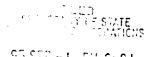
MY COMMISSION EXPIRES:

AT LARGE

COMM. EXP. 091 27, 1996

NOTARY PUBLIC, STATECOF 27, 1896
NOTARY PUBLIC, STATECOF 1865

### ARTICLE X



### CERTIFICATE OF DESIGNATION

# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

VICTOR M. JUNCO M.D., P.A

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

VICTOR M. JUNCO M.D. 201 SEVILLA AVENUE #213, CORAL GABLES, FL. 33134

SIGNATURE Maine
(corporate officer)
TITLE PRESIDENT
DATE 8/32/75
, ,

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_	Munic	
DATE	18/22/95	