

P95000068237

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. CLINICAS MEDICAS MIDWAY INCORPORATED #11
(Corporation Name) (Document #)

2. CLINICAS MEDICAS MIDWAY MEDICAL OFFICES #11
(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 F.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

771-521-1010
W95 -- 17595

Examiner's Initials

CF

9/5/95



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

SUBJECT: OFICINAS MEDICAS MIDWAY INCORPORATED #II
Ref. Number: W95000017595

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

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout 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: 895A00040635

ARTICLES OF INCORPORATION

FILED
CLERK OF STATE
CORPORATIONS
95 SEP -5 PM 2:22

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: OFICINAS MEDICAS MID-WAY INCORPORATED.
#-II

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
7811 - CORAL WAY SUITE #100
MIAMI - FLA 33153

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500 shares per value \$100.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mayra PEREZ
7811 - CORALWAY, SUITE 100
MIAMI, FLA 33153

ARTICLE V INCORPORATOR(S)

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

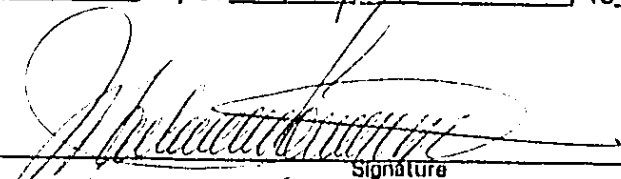
MARLENE M. TORRES (S/VP)

ERIC ED FREYRE (P/T)

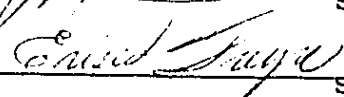
7811 - CORAL WAY SUITE #100
MIAMI, FL 33153

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

29 day of August, 1995.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
CLERK OF STATE
CORPORATIONS

95 SEP -5 PM 2:22

Pursuant to the provisions of sections 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: CLINICS MEDICAS MID-WAY INCORPORATED #11

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

Mayra Pérez
(NAME)

7811 Coral Way, Suite 100, Miami FLA 33153
(P.O. BOX NOT ACCEPTABLE)

(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

Mayra Pérez

DATE

8/29/95