# P95000068920

LAZARUS CORPORA	TE INDUSTRIES, INC.	
890 S.W. 87 AVI	ENUE, SUITE: 16	
icity, State,	33174 (305)552-5973	OFFICE USE ONLY  500001579425 -09/07/9501039016 *****122.50
CORPORATION NA	ME(s) & DOCUMENT NUMBI	ER(S) (if known):
1. <u>MC (Corpora</u>	MEDICAL CEN	(Document #)
(Corpor	adon Name)	(Document #)
3. (Corpor	avon Name)	(Document #)
	ation Name)	(Document #)
Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
, Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Di	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	<del></del>
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	

Examiner's Initials

Trademark

Other

CR2E011(10/92)

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### ARTICLES OF INCORPORATION OF

95 SEP -7 PH 2: 07

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: MECA MEDICAL CENTER INC.

The principal place of business of this corporation shall be: 710 E 21 St, Hialeah Fl, 33013

### 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.

### 100 SHARES AT \$5.00 PAR VALUE 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):

CARIDAD TRUJILLO PRESIDENT. 710 E 21 St Hialeah, Fl 33013 EMILIA GUZMAN SEC. 4040 SW 112 Ave Miami, Fl 33165

### ARTICLE VI INCORPORATOR(S)

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

CARIDAD TRUJILLO 710 E 21 ST HIALEAH FL 33013

EMILIA GUZMAN 4040 SW !!@ AVE MIAMI FL 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 5 day of day of September 1995.

Signature(s) of Incorporator(s)

\_\_\_\_\_\_

THE FOREGOING instrument was acknowledged and sworn to before

me this 5 day of September, 1995

by CARIDAD TRUJILLO (Name of Incorporator)

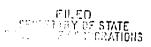
of MECA MEDICAL CENTER INC
((Name of Corporation)

OFFICE SEPTEMBER OF THE STATE OF THE SEPTEMBER OF THE SEP

Notary Public

y Commission Expires:

(SEAL)



#### CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

95 SEP -7 FII 2: 07

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 desinating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:
	MECA MEDICAL CENTER INC.
2.	The name and address of the registered agent and office is:
	Caridad Trujillo
	710 E 21 St (PO BOX NOT ACCEPTABLE)
	,
	Hialeah, Fl 33013 (CITY/SATE/ZIP CODE)
	Signature Landad Truello (Corporate Officer)
	TitlePRESIDENT
	Date Sept, 5 1995
CEI FUI REI DU	VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE ATED CORPORATION, AT THE PLACE DESIGNATED IN THIS RTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I RTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES LATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY FIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 7.325 FLORIDA STATUTES.  Signature Registered Agent Place Sept. 5 1995

# 50000 68920



Other

-07/02/96--01113--020 +++++35.00 ++\*\*\*35.00

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait ☐ Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Метдет OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials



### Florida Department of State, Jim Smith, Secretary of State

### RESIGNATION OF OFFICER AND/OR DIRECTOR

### AFFIDAVIT

STATE OFF	LORIDA	<del></del>		:	:				
COUNTY OF	DADE			<del></del>	:				
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penalties of per	jury:								
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		(Name	of Corporation	on)				•	
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FILING FEE IS &

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (904) 487-6051

## P95000068920



Other

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Office Use Only

Examiner's Initials

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NEW FILINGS	AMENDMENT	Supplement	
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Name Reservation	Reinstatement		
	Trademark		
	Hademak	<del></del>	

### AKITCLES OF AMENDMENT

### OT ARTICLES OF INCORPORATION

OF

MECA MEDICAL CENTER, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

Amendment(s) adopted: (indicate article number(s) being amended, FIRST: added or deleted)

ARTICLE V

Amendment.

Adding: Emilia Guzman President/Sec.

Delete:

CARIDAD TRUJIllo President

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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Office Use Only

Examiner's Initials

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FILING FEE IS \$35.00

## Florida Department of State, Jim Smith, Secretary of State

35 SEP 27 PH 12: 1 ECRELARY OF STA MILAHASSEF FLOR

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

SINIE UF FLORIDA	
COUNTY OF DADE	<del>-</del>
I, EMILIA GUZMAN know/edge, information and belief, a correct:	_alter being duly swom, state that to the best of my and under the penalties of perjury, the following is true and
, EMILIA GUZMAN	<u>h</u> ereby resign as PRESID SECRY Of
MECA MEDICAL CENTER INC. (Name of Corporation	alion) , a Florida corporation
(Maine of Colbon	allon)
That the corporation has been notifie	Signature of resigning officer/director
Sworn to and subscribed before me	OFFICIAL NOTARY SEAL E HERNANDIZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC242114 MY COMMISSION EXP. NOV. 16,1996 NOTARY PUBLIC
Ny Commission Expires: <u>^んv. ル</u>	6, 1996

DIVISION OF CORPORATIONS, P.Q. BOX 6327, TALLAHASSEE, FL 32314 CR2E044 (7-90)