# P95000068967

LAZARUS CORPORA'	'E INDUSTRIES, INC.	
890 S.W. 87 AVEN	UE, SUITE: 16	
(Address)		
MIAMI, FLORIDA (City, State, Zin	33174 (305)552-5973	OFFICE USE ONLY
• • •	ATIVE TALLAMASSEE	
(904)385-6715		<b>500001579405</b> -09/07/9501039007 ****122.50 ****122.50
CORPORATION NAM	ME(S) & DOCUMENT NUME	BER(S) (if known):
1. <u>am</u>	in Physialogy	Document 1)
2.	dou Name)	(Document #)
	ion Name)	(Document #)
3.	ion Name)	
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	tion Name)	(Document #)
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Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	$j \rightarrow j$
NonProfit	Resignation of R.A., Officer/	Director 5
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	58.5
Other	Merger	19 -43
		, reads
OTHER FILINGS	REGISTRATION/ QUALIFICATION	= = .11
Annual Report	Foreign	1
Fictitious Name	Limited Partnership	1.21 No. 100 N
Name Reservation	Reinstatement	
	Trademark	<u> </u>

Other

CR2E031(10/92)

Examiner's Initials

FILED

#### ARTICLES OF INCORPORATION

OF

95 CSP -7 TH 1:25

AMIC PHYSIOLOGY SERVICE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

AMIC PHYSIOLOGY SERVICE, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
  To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corpora-

tion shall be:

MIRIAM I. CUBAS 169 LINCOLN ROAD SUITE:323 M.BEACH, FL 33139

The Principal office shall be:

169 LINCOLN ROAD SUITE:323 M.BEACH, FL 33139

#### ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

<u>PRESIDENT</u>: MIRIAM I. CUBAS <u>V.PRESIDENT</u>: ALEJANDRO ARAOZ

SECRETARY: ARMANDO CUBAS

ADDRESS: 169 LINCOLN ROAD

SUITE:323 M.BEACH, FL 33139 The name and address of the incorporator executing these Articles of Incorporation is:

MIRIAM 1. CUBAS 169 LINCOLN ROAD SULTE: 23 M.BEACH, 17. 33139

IN WITNESS WHEREOF, the undersigned incorporator has

(ve) executed these Articles of Incorporation this 06 day

of SEPTEMBER , 1995 .

X Mucace / (c.tr.)
D.L.# C120-549-49-945-0

STATE OF FLORIDA )
COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared MIRIAM L. CUBAS known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

> NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CARMEN S. MORALES

Molary Public, State
My comin, expires March 31, 1997
Corem, No. CC 273265

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

1. T	he name of the corporation is: AMIC PHYSIOLOGY SERVICE, INC.
2. T	The name and address of the registered agent and office is:
	MIRIAM I. CUBAS
	(NAME)
	169 LINCOLN ROAD SUITE: 323
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	M.BEACH, FL 33139
	(CITY/STATE/ZIP)
PROTHIS AND PRO FOR	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF DCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN SCERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT DAGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE DVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGANS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE & Michael Cuba

DATE

9/06/95

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LAZARUS CO	RPORATE INDUSTRIES, It	NC.
	•	
<u>090 S.W. 8</u>	7 AVENUE SUITE: 16 Address	<del></del>
MIAMI, FLO	RIDA 33174 (305)552-5	2000 <u>02120402</u> -7
City/Stat		-03/21/9701041023 *****35.00 *****35.00
LOCAL REPRI	ESENTATIVE TALLAHASSEE	Office Use Only
CORPORATION	N NAME(S) & DOCUMENT	NUMBER(S), (if known):
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NEW FILINGS	WE AMENDMENTS #25	
Profit	Amendment	**************************************
NonProfit	Resignation of R.A., Officer/	Director
Limited Liability	Change of Registered Agent	<u>v</u> .
Domestication	Dissolution/Withdrawal	977
Other	Merger	
OTHER FILINGS	REGISTRATIONAL COLLEGE TO A COL	THE CONTROLLS OF THE STATE OF T
Annual Report		
Fictitious Name	Foreign	-1 // Mar = =
Name Reservation	Limited Partnership	J . On the
	Reinstatement	J Am an
	Trademark	1 12/1
	Other	7 0 1 ' \h'\*

Examiner's Initials



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

March 21, 1997

**LAZARUS** 

MIAMI, FL

SUBJECT: AMIC PHYSIOLOGY SERVICE, INC.

Ref. Number: P95000068967

We have received your document for AMIC PHYSIOLOGY SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please entitle each article being amended. We need an address for each person listed as an officer/director or registered agent.

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) 487-6906.

Darlene Connell Corporate Specialist

Letter Number: 797A00014487

## ARCICLES OF AMENDMENT

 $\mathbf{TO}$ 

### ARTICLES OF INCORPORATION

OF

AMIC\_Physiology.Service....Inc.

(prosent name)

Pursuant to the provisions of section 607,1005. Florida Statutes, this corporation adopts the following arricles of amendment to its articles of incorporation:

MRST: Amondment(s) adopted: (indicate article number(s) being amended, added or deleted)

#### Article V PRINCIPAL OFFICE & REGISTERED AGENT/OFFICE

(delete): 169 Lincoln Rd #323

Miamibeach, FL 33139

(ADD): 1127 NW 22AVE Miami, FL 33125

(delete) Miriam I. Cubas at 169 Lincoln Road, Suite 323, Miami Beach, FL 33139.

(add) Jose A. Novoa at 1127 NW 22 Ave., Miami, FL 33125.

#### ArticleVI DIRECTORS

(delete): Alejandro Araoz SECRETARY/TREASURER

(assign): to Jose A. Novoa the tittle of Secretary/Treasurer of said Corporation.

1127 NW 22 AVE. MIAMI, FL. 33125

20000000. Af 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:

HHED: The date of each amendment's adoption; January 7th, 1997
OURTH: Adoption of Amendment(s) (check one)
The amendment(3) was/were approved by the shareholders. The number of votes cast for the amendment(3) was/were sufficient for approval.
$\square$ The amendment(s) was/were approved by the shareholders through voting groups.
the following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group)
Cround Prould
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 7th day of January , 19 97 .
Signature Street of the Chairman of the Board of Directors, President or other officer if adopted by the shareholders)  Off
(By a director if adopted by the directors)
OR
(By an Incorporator II adopted by the Incorporators)
ALEJANDRO ARAOZ
Typed or printed name
SECRETARY/TREASURER
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HAVING BELD HAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.