P95000072642

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

P00001587092
-09/18/95--01040--027
****122.50 ****122.50

OFFICE USE ONLY

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

1. J & J MEDICAL EQUIPMENT, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

[X] Walk in [X] Pick up time 3:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

789-502-672
W95 — 18786

Examiner's Initials CR 9/20/95

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED

September 18, 1995

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

SUBJECT: J & J MEDICAL EQUIPMENT, CORP.
Ref. Number: W95000018786

We have received your document for J & J MEDICAL EQUIPMENT, CORP. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 095A00042831

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 SEP 29 PM 12:37

ARTICLES OF INCORPORATION

OF

DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.

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:

DOMINGUEZ DE LA TORRES_MEDICAL EQUIPMENT, CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

390 NW 2 ST
SUITE 208
MIAMI, FL 33128

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

EVARISTO JESUS PEREZ
390 NW 2 ST
SUITE 208
MIAMI, FL 33128

ARTICLE V: INCORPORATOR(S)

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

EVARISTO JESUS PEREZ
390 NW 2 ST
SUITE 208
MIAMI, FL 33128

The undersigned has (have) executed these Articles of Incorporation this 15 day of September, 1995.

Signature/Title

CERTIFICATE OF DESIGNATION
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:

   DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT ,CORP.

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

   EVARISTO JESUS PEREZ
   390 NW 2 ST
   SUITE 208
   MIAMI, FL 33128

SIGNATURE: _____
(Corporate Officer)

TITLE: President

DATE: 9/15/95

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: _____

DATE: 9/15/95

REGISTERED AGENT FILING FEE: $20.00

P95000072642

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

100001785621
-04/18/96--01067--001
*****35.00 *****35.00

Office Use Only

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

1. DOMINGUEZ DE LA TORRE MEDICAL EQUIPMENT
(Corporation Name) (Document #)

2. _____ INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
96 APR 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☐ Walk in ☒ Pick up time 2:00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
X	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

4/19

Examiner's Initials

CR1E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1996

LAZARUS

MIAMI, FL

SUBJECT: DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.
Ref. Number: P95000072642

We have received your document for DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP. 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.

If you also wish to change the principal office or mailing addresss, you must indicate the change within 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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 696A00018240

FILED

96 APR 19 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

DOMINGUEZ DE LA TORRE MEDICAL EQUIPMENT, Corp.

(PRESENT NAME)

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

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

AMENDING: DIRECTOR
PRESIDENT/SECRETARY/TREASURER
REGISTERED AGENT
CORPORATION'S ADDRESS

ARTICLE II: 2410 East 8th Avenue, 2nd Floor, Hialeah, Fl. 33013

ARTICLE V. REGISTERED
AGENT: WALKIRIA CHENIQUE
SOC. SEC.#: 590-38-9605
FL D/L#: C520880656870
ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hileah, Fl 33013

ARTICLE VI: PRESIDENT/SECRETARY/TREASURER:
DIRECTOR
Walkiria Chenique

ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hialeah, Fl 33013

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:

THIRD: The date of each amendment's adoption: 4-16-96

FOURTH Adoption of amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendments(s) was/were sufficient for approval.

☐ 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 amendments(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by_____
Voting group

☐ 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 day 16th of April, 19 96.

Signature Walkiria Chenique
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR
(By a director if adopted by the directors)

OR
(By an incorporator if adopted by the incorporators)

Walkiria Chenique
Typed or printed name

President
Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Dominguez De La Torres Medical Equipment, Corp.

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

Walkiria Chenique
(NAME)

2410 East 8th Avenue, 2nd Floor
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Hialeah, Florida 33013
(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.

Walkiria Chenique
(SIGNATURE)

4-16-96
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSE, FL 32314

P95000072642

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

Office Use Only

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

1. DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENTS 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

FILED
95 MAY 21 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
96 MAY 15 AM 10:04
DIVISION OF CORPORATION

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
X	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

5/21

Tony
Amend.

CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 16, 1996

LAZARUS

MIAMI, FL

SUBJECT: DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.
Ref. Number: P95000072642

We have received your document for DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP. 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.

NOTE: The above named entity is delinquent in filing its 1996 corporation annual report. The changes set forth on this document could be made on the corporation annual report.

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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 096A00024374

RECEIVED
96 MAY 20 AM 11:25
DIVISION OF CORPORATION

FILED

96 MAY 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP

(PRESENT NAME)

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

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

AMENDING: DIRECTOR
PRESIDENT/SECRETARY/TREASURER
REGISTERED AGENT
CORPORATION ADDRESS

ARTICLE II: **2410 East 8th Avenue, 2nd Floor, Hialeah, Florida 33013**

ARTICLE V. REGISTERED
AGENT: **Richard Cabrera**
SOC. SEC.#: **593-23-4351**
FL D/L#: **C-16674169388-0**
ADDRESS: **2410 East 8th Avenue, 2nd Floor, Hialeah, Florida 33013**

ARTICLE VI: PRESIDENT/SECRETARY/TREASURER:
DIRECTOR
RICHARD CABRERA

ADDRESS: **2410 East 8th Avenue, 2nd Floor, Hialeah, Florida 33013.**

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:

THIRD: The date of each amendment's adoption: **May 15, 1996**

FOURTH: Adoption of amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient f pproval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements must be separately provided for each voting group entitled to vote separately on the amendments(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by" _____
Voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day **15th** of **May**, 19 **96**

Signature _____ 5/15/96
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR
(By a director if adopted by the directors)

OR
(By an incorporator if adopted by the incorporators)

Richard Cabrera
Typed or printed name

President
Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **Dominguez de la Torres Medical Equipment, CORP.**

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

Richard Cabrera
(NAME)

2410 East 8th Avenue, 2nd Floor
(P.O. Box or Mail Drop Box NOT ACCEPTABLE

Hialeah, Florida 33013
(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)

5/15/96
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314