

P95000073501

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

FILED
SEP 22 1995
TALLAHASSEE, FLORIDA
94422395 01045 048
****122.50 ****122.50

OFFICE USE ONLY

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

1. MASTER MEDICAL, RADIOLOGY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:30

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
SEP 22 PM 1:03
TALLAHASSEE, FLORIDA
REMOVED

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 R.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

Examiner's Initials

Dmp
9/22/95

ARTICLES OF INCORPORATION
OF

MASTER MEDICAL RADIOLOGY, INC.

FILED

95 SEP 22 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

A R T I C L E I

The name of the Corporation shall be:

MASTER MEDICAL RADIOLOGY, INC.

A R T I C L E 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.

A R T I C L E III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

A R T I C L E IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY:

CARLOS A GRANIZO
10920 W. FLAGLER ST. SUITE 204
MIAMI, FL 33174

A R T I C L E V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

MARITZA DIAZ
14675 SW 49TH STREET
MIAMI FL 33175

A R T I C L E VI

The initial Board of Directors shall consist of a total of one person and the name of the one person who is to serve as initial directors is:

MARITZA DIAZ

PRESIDENT/TREASURE

A R T I C L E VII

The name and address of the incorporator executing these Articles of Incorporation is:

MARITZA DIAZ
14675 SW 49TH STREET
MIAMI FL 33175


MARITZA DIAZ

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this ___21TH___ day of ___SEPTEMBER___, 1995.

FILED

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

95 SEP 22 PM 1:03

First-That MASTERMEDICAL RADIOLOGY, INC.
(Name of Corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

desiring to organize under the laws of the State of Florida with
its principal office, as indicated in the Articles of Incorporation
at the City of MIAMI County of DADE
State of Florida has named MARITZA DIAZ
(Name of Register Agent)

located at 14675 SW 49TH STREET
(Street address and number of building,
Post Office Box address not acceptable)

City MIAMI, County of DADE

State of Florida, as its agent to accept service of process within
this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated
corporation, at place designated in this certificate. I hereby
accept to act in this capacity, and agree to comply with the
provision of said Act relative to keeping open said office.

By:



MARTIZA DIAZ
Register Agent