

P96000002432

RECEIVED

96 JAN -8 AM 11:36

DIVISION OF CORPORATION

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

100001681421
-01/08/96--01097--015
****122.50 ****122.50

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

1. ALL MEDICAL CARE, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:30

☒ 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 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

789-509-6711
W96-554

Examiner's Initials gn

1/19/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 8, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVENUE #18
MIAMI, FL 33174

SUBJECT: ALL MEDICAL CARE, INC
Ref. Number: W96000000554

RECEIVED
96 JAN -9 AM 11:10
DIVISION OF CORPORATION

We have received your document for ALL MEDICAL CARE, INC and your check(s) totalling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical 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: 196A00000869

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN -9 PM 2:46

**ARTICLES OF INCORPORATION
OF**

ALL MEDICAL CARE, INC.

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:
ALL MEDICAL CARE, INC.

The principal place of business of this corporation shall be: 1800 N.W. 24 AVE, APT 610 MIAMI, FL 33125

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.

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):

MILENA GONZALEZ, PRES, SEC.
1800 N.W. 24 AVE, APT 610
MIAMI, FL 33125

ARTICLE VI INCORPORATOR(S).

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

MILENA GONZALEZ
1800 N.W 24 AVE, APT 610
MIAMI, FL 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____ 27TH day of ____ DECEMBER ____, 1995.

Signature(s) of Incorporator(s)

M. Gonzalez

DRIVERS LICENSE IDENTIFICATION

STATE OF ____ FLORIDA ____
COUNTY OF ____ DADE ____

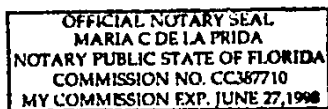
THE FOREGOING instrument was acknowledged and sworn to before me this ____ 27th ____ day of DECEMBER, 1995, by ____ MILENA GONZALEZ ____
(Name of Incorporator)

of ____ ALL MEDICAL CARE, INC. ____
(Name of Corporation)

Notary Public

Maria C. de la Prada
My Commission Expires: ____

(SEAL)



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -9 PM 2:46

**CERTIFICATE DESIGNATING
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:
ALL MEDICAL CARE, INC.

2. The name and address of the registered agent and office is:
_____ MILENA GONZALEZ _____
_____ 1800 N.W. 247TH AVE APT 610 _____
(PO BOX NOT ACCEPTABLE)
_____ MIAMI, FL. 33125 _____
(CITY/STATE/ZIP CODE)

Signature *M. Gonzalez*
(Corporate Officer)
Title PRESIDENT
Date DECEMBER 27TH, 1995

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 *M. Gonzalez*
(Registered Agent)
Date DECEMBER 27TH, 1995

P96000002432

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE 116
Address

MIAMI, FL 33174 (305) 552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. ALL MEDICAL CARE INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

400001561024
-10/01/96--01117--008
*****35.00 *****35.00

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

96 OCT - 9 PM 4:01

96 OCT - 1 AM 10:58

FILED

RECEIVED

Amended 10-10-96
DC



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 OCT -9 AM 11:45
DIVISION OF CORPORATION

October 1, 1996

LAZARUS CORPORATE INDUSTRIES, INC.

MIAMI, FL

SUBJECT: ALL MEDICAL CARE, INC.
Ref. Number: P96000002432

We have received your document for ALL MEDICAL CARE, 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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: 896A00044939

ARTICLES OF AMENDMENT
OF
ALL MEDICAL CARE, INC.

FILED
95 OCT -9 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: Amendment adopted: CHANGES OF ARTICLE No. VII

The officer of the Corporation shall be as follows:

MANON BENAZET / President
3469 SW 112 CT
MIAMI, FL. 33165

SECOND: The date of each amendment's adoption 09/30/96

FOURTH: The amendments were approved by the shareholders and Directors. The number of votes cast for the amendments were sufficient for approval.

Signed this 30th of September, 1996.


MILENA GONZALEZ
President-Director

ARTICLES XI

We will add an Article XI to the Articles of Incorporation.

The name of the registered agent is as follows:

MANON BENAZET
3469 SW 112 CT
Miami, Florida 33165

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 APPOINT- AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATION TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


SIGNATURE

DATE

P96 000002432

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued; also such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-14.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: HUGO BENAZET EIN or SS#: 593-43-6170

Address: 11326 S.W. 75 TERIK
MIAMI FL 33173

Amount: \$488.75 Date Paid _____

Reason for claim: Overpayment - P96000002432
BP7 09/03/97

Certified true and correct this 09 day of SEPTEMBER, 19 97.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>488.75</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on	
State Treasurer's Receipt No. <u>98258/033</u> dated <u>08-28-97</u>	
Name of Account	
<u>4520213000145300000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	
<u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	
(Agency)	(Authorized Signature and Title)