

P96000004307

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

000001875640
-01/02/96--01/07/96--023
*****70.00 *****70.00

OFFICE USE ONLY

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

1. Advantage Medical Supplies, 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

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

RECEIVED
96 JAN -2 AM 11:43
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

wa-48

Examiner's Initials gf

01/12/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 2, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVE, SUITE 16
MIAMI, FL 33174

SUBJECT: ADVANTAGE MEDICAL SUPPLIES, INC.
Ref. Number: W9600000048

We have received your document for ADVANTAGE MEDICAL SUPPLIES, INC. and check(s) totalling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 896A00000075

RECEIVED
96 JAN 12 PM 2:58
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 12 PM 4:21

MEDICAL ADVANTAGE SUPPLIES, 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: MEDICAL ADVANTAGE SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
645 N.W. 122 PASSAGE
MIAMI, FL 33182

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares all of which shall be common shares with a par value of One (\$1.00) Dollar .

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
LUCILA MARTINO
645 N.W. 122 PASSAGE
MIAMI, FL 33182

ARTICLE V INCORPORATOR(S)

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

100%
LUCILA MARTINO
645 N.W. 122 PASSAGE
MIAMI, FL 33182

The undersigned has(have) executed these Articles of Incorporation this

_____ day of _____, 199__.

X Lucila Martino D/P/V/T/S
Signature / Title

Signature / Title

Signature / Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 12 PM 1:21

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: MEDICAL ADVANTAGE SUPPLIES, INC.
2. The name and address of the registered agent and office is:

LUCILA MARTINO, 645 N.W. 122 PASSAGE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33182

(CITY / STATE / ZIP)

SIGNATURE

Lucila Martino
(CORPORATE OFFICER)

TITLE : D / P / V / S / T

DATE : _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE 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

Lucila Martino

DATE : _____

July 23, 1996

Secretary of State
Division of Corporations
New Filing Section
Attn: Ms. Terry Buckley

996000004307

Dear Ms. Buckley,

I am writing on behalf of my corporation Medical Advantage Supplies to request a change of address. I would greatly appreciate if you could change the address to reflect the new address. I also have not received any type of annual report, leaving me to wonder if my company is in good standing. Please expedite this as soon as possible.

Sincerely,

Lucila Martino
President

Medical Advantage Supplies

Durable Medical Equipment



LUCILA MARTINO VEGA
6501 N.W. 36th St. #307-A
Miami, FL 33166

Office: (305) 871-3337
Pager: (305) 655-5942

updated
7-25-96
TB

P96000004307

July 12, 1996

Secretary of State
P.O. Box 6327
Tallahassee, FL 32314
Division of Corporations/ New Filing Section

P96-4307

To Whom It May Concern,

I am writing to request a change of address on behalf of my corporation Medical Advantage Supplies. When incorporating my business address was different from the address I have now. Please make the change so it can be reflected in my records

Thank you!

Sincerely,


Lucila Martino

Medical Advantage Supplies



Durable Medical Equipment

LUCILA MARTINO VEGA
6501 N.W. 36th St. #307-A
Miami, FL 33166

Office: (305) 871-3337
Pager: (305) 655-5942

updated LR 9/10/96
sent R/A info