

**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**

700001693907  
-01719796--01053--024  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

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

1. PHYSICIANS REHABILITATION & WELLNESS  
(Corporation Name) (Document #)
2. CENTER, INC.  
(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

RECEIVED  
96 JAN 19 AM 11:48  
DIVISION OF CORPORATION

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 JP

1/19/96

ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 19 PM 3:08

WE, the undersigned, hereby associate ourselves together for the purpose of becoming a Corporation under the laws of the State of Florida providing for the formation of a Corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, and we hereby make, subscribe and acknowledge and file with the Secretary of the State of Florida these Articles of Incorporation; and to that end we do, by these Articles, set forth:

ARTICLE I

The name of this Corporation ( Which is hereinafter called the " Corporation " is:

PHYSICIANS REHABILITATION & WELLNESS CENTER, INC.

ARTICLE II

This Corporation shall exist perpetually. Corporate existence shall begin on the day upon which these Articles are approved by the Secretary of the State of Florida.

ARTICLE III

The purpose of this Corporation is to transact any or all lawful businesses for which Corporations may be incorporated under Chapter 607 of the Florida Statutes.

ARTICLE IV

This Corporation is authorized to issue Five Hundred ( 500 ) Shares of Common Stock, which said shares shall have a par value of Ten ( \$ 10.00 ) Dollars per share upon issuance.

ARTICLE V

The principal place of business of this Corporation shall be at  
10030 SW 40 STREET MIAMI, FLORIDA 33165  
with the privilege of having branch offices within and without the State of Florida.

ARTICLE VI

The initial registered agent of this Corporation upon whom process may be served is LILLIAM CAST  
and the initial registered office is located at  
10030 SW 40 STREET MIAMI, FLORIDA 33165

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#### ARTICLE VII

This Corporation shall have ONE director (s) initially. The number of directors shall be fixed by the bylaws and may be changed from time to time.

#### ARTICLE VIII

The name and street addresses of the initial director(s) of this Corporation are: ROSA SUAREZ  
11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

The aforesaid director(s) shall hold office for the first year of this Corporation's existence or until a successor is chosen as provided for in the bylaws.

The initial officers of this Corporation and their addresses are:

President: ROSA SUAREZ - 11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

Vice President: ROSA SUAREZ  
11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

Treasurer: ROSA SUAREZ  
11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

Secretary: ROSA SUAREZ  
11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

#### ARTICLE IX

The name and street address of the incorporator(s) is/are:  
ROSA SUAREZ 11357 WEST BISCAYNE CANAL ROAD MIAMI, FL 33161

The undersigned has(have) executed these Articles of Incorporation  
this 8<sup>th</sup> day of JANUARY, 196

  
\_\_\_\_\_  
Signature / Title  
ROSA SUAREZ / PRESIDENT

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**CERTIFICATE OF DESIGNATION  
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: PHYSICIAN REHABILITATION  
& WELLNESS CENTER, INC.
2. The name and address of the registered agent and office is:  
LILLIAM CAST 10030 SW 40 STREET MIAMI, FL 33165

Signature: 

Corporate Officer  
ROSA SUAREZ PRESIDENT

Title: \_\_\_\_\_

Date: 01/08/96

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.

Date: 01/08/96

  
Registered Agent  
LILLIAM CAST

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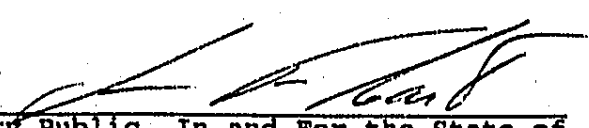
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 19 PM 3:00

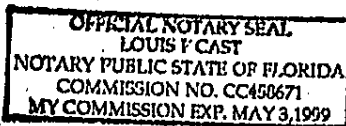
State of Florida )  
County of Lake )

The foregoing Articles of Incorporation was acknowledged before me  
on 01/08/96 by ROSA SUAREZ

known to me to be the incorporator (s) of PHYSICIAN REHABILITATION  
& WELLNESS CENTER, INC.

and LILLIAM CAST acknowledged and agreed  
to the designation and duties of Registered Agent for the above  
mentioned Corporation that is being organized under the laws of  
the State of Florida.

  
Notary Public, In and For the State of  
Florida, At Large



Expiration: \_\_\_\_\_