# P960000007344

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

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

Address

LOCAL REPRESENTATIVE TALLAHASSEE

70000169657 -01/24/96--01043--023 \*\*\*\*122.50 \*\*\*\*122.50 Office Use Only

CORPORATION NAME(S) & DOCUMENT NU IBER(S), (if known):

ı. <u>VİVA</u> L	DI MED	COLCE	NIER, INC.	
2	orporation Name)		innent #)	
3(Cc	orporation Name)	(Doc	iument #)	
4.	orporation Name)	· .	wnent #)	
	· · · · · · · · · · · · · · · · · · ·	·		
Walk in	Pick up time		Certified Copy	
Mail out	Will wait	Photocopy	Certificate of Status	
NEW FICINGS AND	MA AMEND	MENTS		
-Profit	Amendment			
NonProfit	Resignation	Resignation of R.A., Officer/ Director		
Limited Liability	Change of R	legistered Agent		

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

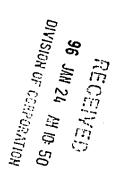
Domestication

Other

	REGISTRATION/A QUALIFICATION
	Foreign
	Limited Partnership
<u> </u>	Reinstatement
	Trademark
	Other

Dissolution/Withdrawal

Merger



Examiner's Initials

## ARTICLES OF INCORPORATION.

96 JAH 26 CH 21 08

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incompration.

#### ARTICLE | NAME

The name of the corporation shall be:

VIVALDI MEDICAL CENTER, INC.

#### ARTICLE IL PRINCIPAL OFFICE

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

8567 CORAL WAY SUITE 221 MIIAMI, FL 33174 ARTICLE III SHARES

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

100 SHARES HAVING A PAR VALUE OF \$1.00 EACH

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HECTOR FERRER SUITE 221 8567 CORAL WAY MIIAMI, FL 33174

#### ARTICLE V INCORPORATOR(S)

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

HECTOR FERRER
P/VP/S/T
8567 CORAL WAY STE. 221
HIIAMI, FL 33174

e undersigned	incorporator(s) has(have) execute	d these Articles of Incorporation th
22	day ofJANUARY	, 19 <u>_96</u> .
	Harlem	~
<del></del>	Signature	
	Signature	
<del></del>	Signature	

Articles of Incorporation Filing Fee - \$35

### CERTIFICATE OF DESIGNATION REGISTERED ACENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 61° 3501, 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.

The name of the corporation is:	\.IATDI	MEDICAL	CENTER,	INC.
The name and address of the registe	ered agent an	d office is:		<del></del>
HECTOR F				
(NAME)				<del></del>
8567 CORAL				
(P.O. BOX <u>NOT</u> /	CCEPTABLE	)		
MITAMI, FL	33174			
(CITY/STA	ATE/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 PPOVISIONS 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 01-22-96