

P9600000134158

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

600001713816
-02/13/96--01101--007
****122.50 ****122.50

Office Use Only

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

1. ACTION MEDICAL CENTER, 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 FEB 13 AM 11:45
DIVISION OF CORPORATION

cf 2/13/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB 13 PM 12:26

ARTICLES OF INCORPORATION

OF

ACTION MEDICAL CENTER, 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:
ACTION MEDICAL CENTER, INC

The principal place of business of this corporation shall be: 5593 SW 8TH ST, MIAMI, FL. 33134

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):

MIRNA E. FERNANDEZ /PRES./SEC.
5593 SW 8TH STREET
MIAMI, FL 33134

ARTICLE VI INCORPORATOR(S)

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

MIRNA E. FERNANDEZ
5593 SW 8TH STREET
MIAMI, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____ 29TH day of ____ JANUARY ____, 1996.

Signature(s) of Incorporator(s)

Mirna Fernandez Driver's license
Identification

STATE OF ____ FLORIDA ____
COUNTY OF ____ DADE ____

THE FOREGOING instrument was acknowledged and sworn to before me this 29th day of JANUARY, 1996, by MIRNA E. FERNANDEZ
(Name of Incorporator)

of ____ ACTION MEDICAL CENTER, INC ____
(Name of Corporation)

Notary Public

Maria C. de la Prada

My Commission Expires: ____

(SEAL)

OFFICIAL NOTARY SEAL
MARIA C DE LA PRADA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC367710
MY COMMISSION EXP. JUNE 27, 1998

96 FEB 13 PM 12:26

**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:
ACTION MEDICAL CENTER, INC

2. The name and address of the registered agent and office is:

MIRNA E. FERNANDEZ

5593 SW 8TH STREET
(PO BOX NOT ACCEPTABLE)

MIAMI, FL. 33134
(CITY/STATE/ZIP CODE)

Signature

Mirna Fernandez
(Corporate Officer)

Title PRESIDENT

Date JANUARY 29TH, 1996

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

Mirna Fernandez
(Registered Agent)

Date JANUARY 29TH, 1996

P96000013458

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FL 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

800001959748

-09/30/96--01039--016

*****35.00 *****35.00

Office Use Only

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

1. ACTION MEDICAL CENTER, 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

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
96 SEP 30 AM 11:13
DIVISION OF CORPORATION

N. HENDRICKS SEP 30 1996

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

ACTION MEDICAL CENTER, INC.

FILED
96 SEP 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Present Name)

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: Amendment(s) adopted:

**ARTICLE V
NEW BOARD OF DIRECTORS**

The Name and address of the New Board of director is as follows:

NAME	ADDRESS	OFFICE
CARLOS CORTEZ	5593 SW 8TH ST MIAMI, FL. 33134	PRESIDENT

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each Amendment's adoption : 09-15-1996

FOURTH: Adoption of Amendment(s) (check one)

_____ The Amendment(s) was/were adopted by the incorporators or Board of Directors without shareholders action and shareholders action was not required.

☒ The Amendment(s) was/were approved by shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

_____ The Amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the Amendment(s).]

P96000013458

Requestor's Name

Mirna Remon
13030 SW 260th
Miami, FL 33032

Office Use Only

IBER(S), (if known):

- 1 _____ (Corporation Name) (Document #) *not needed*
- 2 _____ (Corporation Name) (Document #) *not needed*
- 3 _____ (Corporation Name) (Document #)
- 4 _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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<input type="checkbox"/>	Other

FILED
96 OCT 28 AM 10:57
TALLAHASSEE, FLORIDA

789,624,671
10-29-96

Examiner's Initials

LEJ



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED

96 OCT 28 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 17, 1996

Mirna Fernandez
13030 SW 260th Terrace
Miami, FL 33032

SUBJECT: ACTION MEDICAL CENTER, INC
Ref. Number: P96000013458

We have received your document for ACTION MEDICAL CENTER, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 196A00047754

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0602, 617.0602, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: ACTION MEDICAL CENTER INC

1b. Date of Incorporation _____ Document number P95000062692

2. The name and address of the current registered agent and office: _____

MIRNA FERNANDEZ

5593" SW 8th St Miami, Fl. 33134

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

CARLOS CORTEZ

5593 SW 8th St. Miami, Fl. 33134.

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Carlos Cortez
SIGNATURE

09/15/96

DATE

CARLOS CORTEZ PRESIDENT
Typed or printed name and title

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Carlos Cortez
(Registered Agent)

DATE _____

Division of Corporations, P.O. Box 627, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

FILED
96 OCT 28 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA