

P910000014399

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

500001715805

-02/15/96--01060--023

******122.50 ****122.50**

Office Use Only

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

1. SOLYMAR MEDICAL CARE CENTER CORP.
(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
FEB 15 11:25
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION
OF**

SOLYMAR MEDICAL CARE CENTER, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 15 PM 2:43

The undersigned, being an individual, does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit, pursuant to the provisions of the Florida Corporation Act.

ARTICLE I:

The corporate name for the corporation (hereinafter referred as to the "corporation") is SOLYMAR MEDICAL CARE CENTER, CORP.

ARTICLE II:

The street address, wherever located, of the principal office of the corporation is: 825 S. Bayshore Dr., Suite 1241 Miami, Florida 33131.

The mailing address, wherever located, of the corporation is the same as above.

ARTICLE III:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV:

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with Department of State.

ARTICLE V:

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE VI:

The street address of the registered office/principal office of this corporation is 825 S. Bayshore Drive, Suite 1241 Miami, Florida 33131 and the name of the initial registered agent of this corporation at that address is MARISOL SANCHEZ.

ARTICLE VII:

The name and address of each person signing these Articles is:


NAME

ADDRESS

MARISOL SANCHEZ

825 S. Bayshore drive
Suite 1241
Miami, Florida 33131

The undersigned incorporators have executed these Articles of Incorporation, this 14th day of February, 1996.


Marisol Sanchez / President

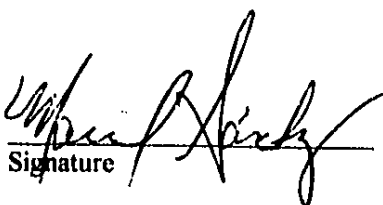
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/ REGISTERED OFFICE**

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:
SOLYMAR MEDICAL CARE CENTER, CCRC
2. The name and address of the registered agent and office is:
MARISOL SANCHEZ
825 S. Bayshore Drive
Suite 1241
Miami, Florida 33131

RECEIVED
STATE OF FLORIDA
FEB 15 PM 2:13

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 registered agent.


Signature

2/14/96
Date

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE: 14399 NUMBER

TO : DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	983.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	983.75	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		1	61.25
12	45-20-2-130001-45300000-00-000100-00		1	122.50
12	45-20-2-130001-45300000-00-000100-00		4	800.00

GRAND TOTAL: \$ 983.75

RECEIVED

96 MAR -3 PM 2:37

Process Date: 02/27/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

Name

World's 1st. Sec. Ser.

(B)

530734

Account No.

3091000202415 PRESENTED TWICE

03-443170

PAY TO THE ORDER OF

Secretary of State

\$ 100.50

One hundred twenty two - 50/100 DOLLARS

FIRST

First Union National Bank
of Portland, Oregon

Corp. Filing

0570064320

000000122504

1990

1995

219

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-02/15/96--01060--023
--*****122.50



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 12, 1996

Solymer Medical Care Center Corp.
825 South Bayshore Dr.
#1241
Miami, FL 33131

SUBJECT: SOLYMAR MEDICAL CARE CENTER, CORP.
Ref. Number: P96000014399

Debit Memo #: 62859-B

This is to inform you that your check #Counter Check dated February 14, 1996 in the amount of \$122.50 and submitted for SOLYMAR MEDICAL CARE CENTER, CORP. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 796A00010977



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 23, 1996

Solymer Medical Care Center Corp.
825 South Bayshore Dr.
#1241
Miami, FL 33131

SUBJECT: SOLYMAR MEDICAL CARE CENTER, CORP.
Ref. Number: P96000014399

Debit Memo #: 62859-B

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Articles of Incorporation for SOLYMAR MEDICAL CARE CENTER, CORP. have been cancelled and are considered not filed as of April 22, 1996.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 996A00018854

P 96 0000 143 99

DOCUMENT NUMBER

DATE: 5-3-96

RECEIVED PAYMENT FOR DEBIT MEMO # 62859-B IN THE AMOUNT
OF \$ 137.50 . REACTIVATED ARTICLES OF INCORPORATION.

MELINDA LILLISTON

900001806739
-05/03/96--01008--007
***137.50 ***137.50