

p96000019273

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

500001728095

02/29/96--01057--013
****122.50 ****122.50

Office Use Only

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

1. DIAGNOSTIC HEALTH CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☒ 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

789-502-672
W96-4618

SN MAR - 1 1996

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 29, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVENUE #16
MIAMI, FL 33174

SUBJECT: DIAGNOSTIC HEALTH CENTER, INC.
Ref. Number: W96000004618

We have received your document for DIAGNOSTIC HEALTH CENTER, INC. and your check(s) totalling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 996A00009058

ARTICLES OF INCORPORATION

FILED

96 MAR -1 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

DIAGNOSTIC HEALTH CARE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

782 N.W. LEJEUNE ROAD, SUITE 641-A,
Miami, Fl. 33126.-

ARTICLE III SHARES

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

500 shares \$1.00 par value.-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alfredo Martinez,
782 N.W. LeJeune Road, Suite 641-A,
Miami, Fl. 33126.-

ARTICLE V INCORPORATOR(S)

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

Alfredo Martinez,
782 LeJeune Road Suite 641-A,
Miami, Fl. 33126.-

President-Secretary-Treasurer-Director

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

28th day of February, 1996.

✓ Alfredo Martinez
Alfredo Martinez Signature President-Secretary-Treasurer-Director

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DIAGNOSTIC HEALTH CARE CENTER, INC.

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

Alfredo Martinez,
(Name)
782 N.W. LeJeune Road, Suite 641-A
(P.O. Box ~~not~~ acceptable)
Miami, Fl. 33126.-
(City/State/Zip)

FILED
FEBRUARY 1 PM 3:14
TALLAHASSEE, FLORIDA

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.

Alfredo Martinez
Alfredo Martinez (Signature)

February 28/1996
(Date)

P96000019273

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

RECEIVED
TALLAHASSEE, FLORIDA
***** 25,100 ***** 25,100

Office Use Only

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

1. Diagnostic Health Care Center, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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RECEIVED
56 MAY 13 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
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<input type="checkbox"/>	Merger

OTHER FILINGS	
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<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 MAY -8 AM 10:36
DIVISION OF CORPORATION

5/13

*For
Amend*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 MAY -9 PM 2:57
DIVISION OF CORPORATION

May 8, 1996

LAZARUS

MIAMI, FL

SUBJECT: DIAGNOSTIC HEALTH CARE CENTER, INC.
Ref. Number: F96000019273

We have received your document for DIAGNOSTIC HEALTH CARE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must indicate specifically what is being changed in each article (example: Article IV - Directors: The name and address of the new directors are ..., etc.).

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation").

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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 796A00022501

RECEIVED
96 MAY 13 AM 11:25
DIVISION OF CORPORATION

ARTICLES OF AMENDMENT
To
Articles of Incorporation

55 MAY 13 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607-1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation

FIRST: The Name of the Corporation is: DIAGNOSTIC HEALTH CARE CENTER, INC.,
782 N.W. LeJeune Rd. Suite 641-A, Miami, Fl. 33126
SECOND: The following amendment (s) to the articles of incorporation was
(were) adopted by the Corporation:

ARTICLES: The new registered agent & director will now be:
IV, V AND
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT:

In special meeting held at 782 N.W. LeJeune Rd., Suite 641-A, Miami,
Fl. 33126, was designated as officer and director:

Julia Fiallo, President-Secretary-Treasurer-Director
782 N.W. LeJeune Rd. Suite 641-A,
Miami, Fl. 33126

THIRD:
The amendment (s) was (were) adopted by all the shareholders of the
corporation on the 7th day of May, 19 96

DIAGNOSTIC HEALTH CARE CENTER, INC.

Corporation Name

Having been named as registered agent and to accept service of process for
above stated corporation, I hereby accept the appointment as registered agent
and agree to act in this capacity. I am familiar with and accept the
obligation of my position as registered agent.

BY Julia Fiallo BY _____
Julia Fiallo-President-Secretary-
Treasurer & Director-Registered Agent

PK000019273

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

FILED
96 MAY 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Diagnostic Health Care Center, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) Amended
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
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<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200001841232
-05/28/96-01050-015
***\$35.00 ***\$35.00

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 MAY 28 AM 10:52
DIVISION OF CORPORATION

#00789, 00615, 00504
00672

will wait



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

May 28, 1996

Lazarus Corporate Industries, Inc.
890 S.W. 87 Avenue
Suite 16
Miami, FL 33174

SUBJECT: DIAGNOSTIC HEALTH CARE CENTER, INC.
Ref. Number: P96000019273

We have received your document for DIAGNOSTIC HEALTH CARE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan
Corporate Specialist

Letter Number: 996A00026622

RECEIVED
96 MAY 29 PM 3:13
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
To
Articles of Incorporation

FILED
96 MAY 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607-1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation

FIRST: The Name of the Corporation is: DIAGNOSTIC HEALTH CARE CENTER, INC.

SECOND: The following amendment (s) to the articles of incorporation was (were) adopted by the Corporation:

ARTICLES:

IV & V In special meeting held at 782 N.W. LEJEUNE RD., SUITE 641-A, Miami, Fl. 33126, was elected unanimously as PRESIDENT, SECRETARY, TREASURER, DIRECTOR AND RESIDENT AGENT:

JOSE ROS,
782 N.W. Lejeune Rd., Suite 641-A,
Miami, Fl. 33126.-

THIRD:

The amendment (s) was (were) adopted by all the shareholders of the corporation on the 24th day of May, 1996

DIAGNOSTIC HEALTH CARE CENTER, INC.

Corporation Name

Having been named as registered agent and to accept the service of process for the above stated corporation .I hereby accept the appointment as registered agent and agree to act in this capacity. Iam familiar with and accept the obligations of my position as registered agent.

BY JOSE ROS BY _____
President-Secretary-Treasurer Director
Registered Agent