

P96000024452

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

TELEPHONE TOLL FREE
-03/19/96--01097--013
***122.50 ***122.50

Office Use Only

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

1. PABLO J. ACEBAL M.D., P.A.
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 19 PM 2:46

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

9/3/19/96

ARTICLES OF INCORPORATION

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DIVISION OF CORPORATIONS
96 MAR 19 PM 2:46

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:

Pablo J. Acebal M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

9551 Fontainebleau Blvd.

#219

Miami, FL 33172

ARTICLE III SHARES

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

100% (One Hundred Percent)

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pablo J. Acebal M.D.
9551 Fontainebleau Blvd.

#219

Miami Fl. 33172

ARTICLE V INCORPORATOR(S)

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

Pablo J. Acebal M.D., P.A.
9551 Fontainebleau Blvd.
#219
Miami, FL 33172

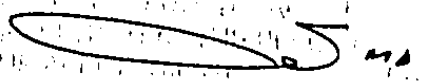
ARTICLE VI DIRECTOR(S)

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

Pablo J. Acebal M.D.
9551 Fontainebleau Blvd.
#219
Miami, FL 33172

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

15 day of March, 1996



Signature

Signature

Signature

ARTICLE VII PURPOSE

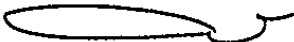
March 15, 1996

This is a request for incorporation under the Florida Business Corporation Act.

Purpose of corporation: To provide Medical and Surgical Services

Name of corporation: Pablo J. Acobal M.D., P.A.

Name : Pablo J. Acobal M.D.
Address: 9551 Fontainebleau Blvd. #219
Miami FL 33172

Signature:  M.D.

Date: 3 - 10 - 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 19 PM 2:46

Pursuant to the provisions of sections 807.0501 or 817.0501, 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: Pablo J. Acobal M.D., P.A.

2. The name and address of the registered agent and office is:
Pablo J. Acobal M.D.

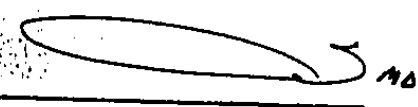
(NAME)
5551 Fontainebleau Blvd. #219

(P.O. BOX NOT ACCEPTABLE)

Miami Fl 33172

(CITY/STATE/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 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.

SIGNATURE 

DATE 3 - 10 - 1996

REGISTERED AGENT FILING FEE: \$35.00