

P96000025586

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

Office Use Only

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

1. MERCY SURGICAL & MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 800001754458
03/22/96 01061-017
*****78.75 *****78.75

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 22 PM 2:10
RECEIVED
96 MAR 22 AM 11:24
DIVISION OF CORPORATION

8/3/22/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 22 PM 2:10

Date MARCH 18, 1996

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re MERCY SURGICAL & MEDICAL CENTER, INC., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

MERCY SURGICAL & MEDICAL CENTER, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
948 E. 25 ST		
HIALEAH, FL 33013		
PHONE		
(305)	820-0095	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of
MERCY SURGICAL & MEDICAL CENTER, INC. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. 96 MAR 22 PM 2:10

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MERCY SURGICAL & MEDICAL CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ERNESTO M. CARRALERO		
ADDRESS	948 E. 25 ST		
CITY	HIALEAH	FLORIDA	ZIP 33013

The principal office, if known, or the mailing address of the corporation is:

NAME	MERCY SURGICAL & MEDICAL CENTER, INC.		
ADDRESS	948 E. 25 ST		
CITY	HIALEAH	FLORIDA	ZIP 33013

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the B.-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ERNESTO M. CARRALERO	PRESIDENT/	TREASURER/	SECRETARY
ADDRESS	948 E. 25 ST			
CITY	HIALEAH	STATE	FLORIDA	ZIP 33013
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ERNESTO M. CARRALERO		
ADDRESS	948 E. 2 ND ST		
CITY	HIALEAH	STATE	FLORIDA
		ZIP	33013
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 19 day of MARCH, 1996

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA

COUNTY OF DADE

)
SS
)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

ERNESTO M. CARRALERO

Signature

FL DL #C646-213-35-411
Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY PUBLIC STATE SEAL

OFFICIAL NOTARY SEAL
JORGE BANOS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC253211
MY COMMISSION EXP. JAN. 14, 1997

Witness my hand and official seal in the County and State last aforesaid this 19 day of MARCH, 1996

Notary Signature

JORGE BANOS

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 22 PM 2:10

MERCY SURGICAL & MEDICAL CENTER, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 948 E. 25 ST

HIALEAH, FLORIDA 33013

has named ERNESTO M. CARRALERO

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.



(registered agent)