

096000028630

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 HOURS: 9:00 AM - 5:00 PM

MONDAY - FRIDAY

\*\*\*122.50 \*\*\*122.50

Office Use Only

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

1. Master Medical & Associates Corp  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time 2:01

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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 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 APR -2 PM 3:00

RECEIVED  
96 APR -2 PM 11:13  
DIVISION OF CORPORATION

9/4/2/96

# ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 APR -2 PM 3:00

*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:

MASTER MEDICAL & ASSOCIATES CORP.

## ARTICLE II PRINCIPAL OFFICE

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

9520 SW.40 ST. SUITE #210  
MIAMI. FL , 33165

## ARTICLE III SHARES

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

100x\$10.00= \$1000.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS ORLANDO SUAREZ  
9520 SW 40 STREET #210  
MIAMI, FL 33165

ARTICLE V INCORPORATOR(S)

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

SAME. LUIS ORLANDO SUAREZ  
9520 SW 40 STREET #210  
MIAMI, FL 33165

ARTICLE VI DIRECTOR(S)

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

SAME. LUIS ORLANDO SUAREZ  
9520 SW 40 STREET #210  
MIAMI, FL 33165

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

31 day of MARCH, 19 96.

Luis O Suarez  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 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: MASTER MEDICAL ASSOCIATES CORP.

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

LUIS ORLANDO SUAREZ  
(NAME)

9520 SW. 40 ST. Suite # 210  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33165

(CITY/STATE/ZIP)

FILED STATE  
SECRETARY OF CORPORATIONS  
56 APR -2 PM 3:00

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

Luis Suarez

DATE

\_\_\_\_\_

# P96000028630

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. MASTER MEDICAL & ASSOCIATES CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) 400002210374--0  
-06/12/97--01071--030

3. \_\_\_\_\_ (Corporation Name) (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in

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☐ Certified Copy

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

FILED  
97 JUN 12 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6/12  
Jony Amend  
RECEIVED  
97 JUN 12 PM 11:08

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

**MASTER MEDICAL & ASSOCIATES CORP.**

(present name)

**FILED**

97 JUN 12 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

SEE ATTACHEMENTS.

**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: 06/06/1997

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

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were approved by the 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).]*

The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_  
(voting group)

(continued)

ARTICLE OF AMENDMENT TO ARTICLES OF INCORPORATION  
FOR:

ADMENDMENT (S) ADOPTED:

ARTICLE IV: REGISTERED AGENT

THE NAME AND THE ADRESSES OF THE NEW REGISTERED AGENT  
HAS TO BE AMENMENT AS FOLLOW:

A) DELETE OLD REGISTERED AGENT:

LUIS ORLANDO SUAREZ  
9520 SW 40 ST SUITE #210  
MIAMI, FL. 33165.

B) ADD NEW REGISTERED AGENT:

JULIO PULIDO PUNALES  
7811 CORAL WAY, SUITE # 120  
MIAMI, FL. 33155

ARTICLE V: DIRECTORS

THE NAME AND ADDRESS OF THE NEW PRESIDENT SHALL BE:

JULIO PULIDO PUNALES  
7811 coral way , suite # 120  
MIAMI, FL. 33155

Signed this 06 day of June, JUNE, 19, 97.

By LUIS ORLANDO SUAREZ *Luis O. Suarez*  
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)  
OR  
(A director or incorporator if adopted by the directors or incorporators)

LUIS ORLANDO SUAREZ  
(Typed or printed name)

PRESIDENT. - DIRECTOR  
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE *Luis O. Suarez*

DATE 06/06/1997