

P960000031204

ARIEL A. LORIE ACCOUNTING SERVICES, INC.  
10026 LA COSTA LN. BOCA RATON, FL 33496  
(407) 487-3894

MARCH 28, 1996

SECRETARY OF STATE  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

600001769346  
04/04/96--01060---009  
\*\*\*\*122.50 \*\*\*\*122.50

REF: THE CHOICE MEDICAL, INC  
GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION FOR:  
THE CHOICE MEDICAL, INC

ALSO ENCLOSED IS A CHECK IN THE AMOUNT OF \$122.50 COVERING  
THE VARIOUS FEES.

PLEASE MAIL THE CERTIFICATION AND ANY CORRESPONDENCE TO  
THE ABOVE ADDRESS. THANK YOU.

YOURS TRULY,

*Ariel A. Lorie*  
ARIEL A. LORIE  
ACCOUNTANT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 APR -4 AM 11:25

FILED

1  
PAC  
4-10-96

CERTIFICATE OF INCORPORATION

-of-

THE CHOICE MEDICAL, INC

FILED  
96 APR -4 AM 11:25  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

THE CHOICE MEDICAL, INC

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

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

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

1830 NW 7 ST STE 200

MIAMI FL 33125

ARTICLE VII

The number of Directors of this corporation shall be at least one and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

ESTHER ROMEU ..... 396 S W 79 CT MIAMI FL 33144  
FRANCISCO VAZQUEZ ..... 1830 NW 7 ST STE 200, MIAMI FL  
33125

ARTICLE IX

The name and street address of the persons signing these Articles of Incorporation as subscriber is as follows:

ESTHER ROMEU ..... 396 S W 79 CT  
..... MIAMI, FL 33144  
FRANCISCO VAZQUEZ ..... 1830 NW 7 ST STE 200  
..... MIAMI FL 33125

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, ESTHER ROMEU  
AND FRANCISCO VAZQUEZ, both being natural persons, competent to contract, has hereunto set their hands and seals this 28 day of MARCH, 19 96.

*Esther Romeu* (SEAL)  
*Francisco Vazquez* (SEAL)

STATE OF FLORIDA)

)SS

COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared ESTHER ROMEU and FRANCISCO VAZQUEZ, to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 28 day of MARCH, 19 96.



Isabel Duany  
MY COMMISSION # CC517394 EXPIRES  
December 12, 1999  
BONDED THROUGH FARM INSURANCE, INC.

*Isabel Duany*  
Notary Public, State of Florida

My Commission Expires: 12/1999

(NOTARY SEAL)

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

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In pursuance of Chapter 48,091, Florida Statutes, the following is  
submitted, in compliance with said Act:

FIRST: That THE CHOICE MEDICAL, INC. desiring to  
organize under the laws of the State of Florida with its principal  
offices as indicated in the Articles of Incorporation, in the City  
of MIAMI, County of DADE,  
State of Florida, has named ESTHER ROMEU, located  
at 396 S W 79 CT, MIAMI,  
Florida, 33144, as its agent to accept services of process  
within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above  
stated corporation, at the place designated in this certificate, I hereby  
accept to act in this capacity, and agree to comply with the provisions of said  
Act relative to keeping open said office.

By: Esther Romen  
Resident Agent

FILED  
96 APR -4 PM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**P96000031204**

**FILED**  
JUL 29 AM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):**

- The Choice Medical Inc. 2254897--1  
(Corporation Name) (Document #)  
-08/01/97--01051--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00  
*of officer*
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ 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 checked="" 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/RENEWAL	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Teresa, please file the resignation FIRST and the annual report Second.*

*Thank You*

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**OFFICER / DIRECTOR RESIGNATION**

FILED  
97 JUL 23 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Francisco H. Varguez, hereby resign as Vice President  
(Title)

of The Choice Medical Inc  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**