P96000038350

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. A & T Medical Associates, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

100001380871
05-05-96 01053-025
****122.50 ****122.50

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
96 MAY -3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

SN MAY - 3 1996

CR2E031(1/95)

Examiner's Initials	

ARTICLES OF INCORPORATION

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:

A & J MEDICAL ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7805 CORAL WAY ,Suite 129 ,Miami ,Florida 33165.

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).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis A. Ibanez

11750 SW 18 Street,Apto 228 ,Miami , Fla.33175

ARTICLE V INCORPORATOR(S)

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

Luis A.Ibanez . 11750 SW 18 St.Miami ,Fla.33175
Heriberto Vazquez 421 E 63 Street.Hialwah 33010
Ana Caos 3041 NW 3 Street.Miami Fla.33125

ARTICLE VI DIRECTOR(S)

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

(50%) Luis A.Ibanez 11750 SW 18 St,Apto228 Miami Fla33175 (President)
(50%) Heriberto Vazquez 421 e 63 St.Hialeah 33013 (Vice-Pre & Tesor.)
Ana Caos 3041 NW 3 Street Miami,Fla.33125 (Secretary)

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

2 day of May, 1996.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

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: A & J MEDICAL ASSOCIATES, INC.

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

LUIS A. IBANEZ
(NAME)

11750 SW 18 Street ,Apto. 228
(P.O. BOX NOT ACCEPTABLE)

Miami ,Florida 33175
(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 05/02/96

REGISTERED AGENT FILING FEE: $35.00

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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 AUG -9 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

Examiner's Initials	

CR2E031(1/95)

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
96 AUG -9 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

I, HERIBERTO VAZQUEZ after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, HERIBERTO VAZQUEZ, hereby resign as VICE PRESIDENT (Title) of A & J MEDICAL ASSOCIATE, INC. (Name of Corporation), a Florida corporation;

That the corporation has been notified in writing of the resignation.

H. Vazquez
Signature of resigning officer/director

Sworn to and subscribed before me this 2 day of August, 1996.

Lilia L. Gonzalez
NOTARY PUBLIC

LILIA L. GONZALEZ
MY COMMISSION # CC 282528
EXPIRES: May 21, 1997
Bonded Thru Notary Public Underwriters

My Commission Expires: _____

FILING FEE IS $35.00

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

CR2E044 (7-90)