

P96000013647

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

700001824767

-05/22/96--01072--011

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

Office Use Only

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

1. SICK CALL MEDICAL INSTITUTE, INC.  
(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 State

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  
95 MAY 22 PM 1:12  
RECEIVED  
95 MAY 22 AM 10:55  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

5/22/96  
TB

ARTICLES OF INCORPORATION  
OF

SICK CALL MEDICAL INSTITUTE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SICK CALL MEDICAL INSTITUTE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name; SICK CALL MEDICAL INSTITUTE, INC.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ROLANDO FRAGA  
3502 SW 2nd ST.  
MIAMI , FL 33135

The principal office shall be:

4759 PALM AVE STE. 131  
MIAMI, FL 33012

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

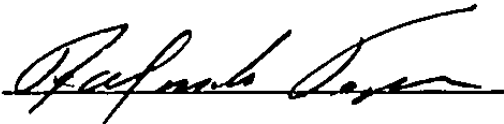
SICK CALL MEDICAL INSTITUTE, INC.

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

ROLANDO FRAGA  
3502 S.W. 12th St. 131  
MIAMI, FL 33136

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



MAY 20, 1996

STATE OF FLORIDA )  
 ) SS.  
COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared ROLANDO FRAGA Known to me and known by me to be the person(s) who executed the foregoing Article of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 20th day of MAY, 1996

NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission Expires:

ARTICLE VI

The initial Board of Directors shall consist of  
total of ONE (01) person, and the name and address of  
the person who is to serve as an initial director is:

ROLANDO FRAGA  
3502 SW 2nd ST.  
MIAMI, FL 33135

100%

PRESIDENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of the incorporator executing  
these Articles of Incorporation is:

ROLANDO FRAGA  
3502 SW 2nd ST.  
MIAMI, FL 33135

IN WITNESS WHEREOF, the undersigned incorporator has  
(ve) executed these Articles of Incorporation this 20th day  
of MAY, 1996

  
ROLANDO FRAGA