

P96000046288

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

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TALLAHASSEE, FLORIDA

Office Use

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

1. FORPACE MEDICAL CENTER
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #) 000001845940
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(Corporation Name) (Document #)

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<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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

FORPACE MEDICAL CENTER, *INC.*

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FORPACE MEDICAL CENTER, *INC.*

The principal place of business of this corporation shall be: 12889 SW 42 STREET MIAMI, FL 33175

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$5.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

FLORA MARIA MORALES PRES\SEC
9619 FOUNTAIN BLUE BLVD APT 309
MIAMI, FL 33172

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

FLORA MARIA MORALES
9619 FOUNTAIN BLUE BLVD APT 309
MIAMI, FL33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22ND day of MAY, 1996.

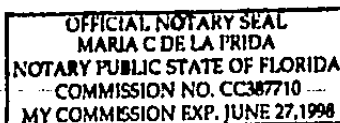
Signature(s) of Incorporator(s)

Flora Morales PASSPORT SPAIN AS
IDENTIFICATION

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 22ND day of MAY, 1996, by FLORA MARIA MORALES.
(Name of Incorporator)

of FORPACE MEDICAL CENTER.
(Name of Corporation)



(SEAL)

Notary Public

Maria C de la Prada

My Commission Expires:

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

FORPACE MEDICAL CENTER, INC.

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

FLORA MARIA MORALES

9619 FOUNTAIN BLUE BLVD APT 309
(PO BOX NOT ACCEPTABLE)

MIAMI, FL 33172
(CITY/STATE/ZIP CODE)

Signature

(Corporate Officer)

Title PRESIDENT

Date MAY 22ND, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature

(Registered Agent)

Date MAY 22ND, 1996

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TALLAHASSEE, FLORIDA

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