

P96000047631

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

FILED  
96 JUN -5 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. HEALTH CARE PROFESSIONAL SERVICES, CORP.  
(Corporation Name) (Document #)

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

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

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

ADDITIONAL FEES:  
REGISTRATION \$100.00  
FILING \$12.50  
TOTAL \$112.50

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

RECEIVED  
96 JUN -5 AM 10:48  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION  
OF

HEALTH CARE PROFESSIONAL SERVICES, CORP.

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:

**HEALTH CARE PROFESSIONAL SERVICES, CORP.**

ARTICLE II PRINCIPAL OFFICE

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

**1131 West 53 Terrace  
Hialeah, FL. 33012**

ARTICLE III CAPITAL STOCK

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

**Five hundred (500) shares of one dollar (\$1.00) par value  
common stock.**

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**Abel M. Marquez  
1131 West 53 Terrace  
Hialeah, FL. 33012**

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

**Abel M. Marquez**  
**1131 West 53 Terrace**  
**Hialeah, FL. 33012**

**President, V. President, Treasurer and Secretary**

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

4th day of June, 19 96.



Signature/ Title

**Abel M. Marquez/President**

Signature/ Title

Signature/ Title

**CERTIFICATE OF DESIGNATION**  
**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: HEALTH CARE PROFESSIONAL SERVICES, CORP.

2- The name and address of the registered agent and office is: Abel M. Marquez

1131 West 53 Terrace  
(P.O. BOX NOT ACCEPTABLE)

Hialeah, FL. 33012  
(CITY/ STATE/ ZIP)

SIGNATURE: Am Marquez

(corporate officer)

TITLE: President

DATE: 06/04/1996

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: Am Marquez

DATE: 06/04/1996

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