

P96000051509

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

800001869728

-06/17/96--01042--029

*****78.75 *****78.75

Office Use Only

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

1. HISPANIC MEDICAL NETWORK, 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 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

FILED
JUN 17 PM 2:33
TALLAHASSEE, FLORIDA

RECEIVED
JUN 17 AM 11:10
DIVISION OF CORPORATION

**Articles of Incorporation
Of**

HISPANIC MEDICAL NETWORK, INC.

FILED
96 JUN 17 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming 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: HISPANIC MEDICAL NETWORK, INC.

Article II, Principal Office

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

814 Ponce De Leon Blvd., Suite 501
Coral Gables, Fl. 33134

Article III, Capital Stock

**The Number of shares of stock that this corporation is authorized to have outstanding at anytime is:
Sixty (60) shares @ \$10.00 par value each, having an aggregate value of---
\$600.00--(Six hundred dollars and 00/100)-----**

Article IV, Initial registered Agent and Address

The name and the address of the initial registered agent is:

Nelson Horta
205 N.W. 136 Ct.
Miami, Fl. 33182

Article V. Incorporator(s)

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

Nelson Horta
205 N.W. 136 Ct.
Miami, Fl. 33182

Article VI. Officers and Directors

The name(s) and street address(es) of the Board of Directors and Officers of this corporation is (are):

Nelson Horta
205 N.W. 136 Ct.
Miami, Fl. 33182

President

Hirenio Moreno
13800 S.W. 8th Lane
Miami, Fl. 33182

Secretary

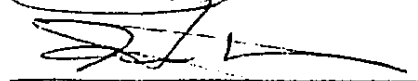
Jose Diaz
814 Ponce de Leon Blvd., #501
Coral Gables, Fl. 33134

Treasurer

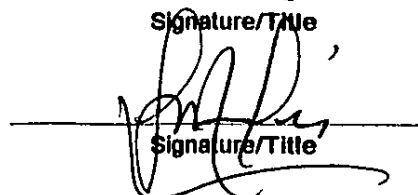
The undersigned has (have) executed these Articles of Incorporation this 14th day of
June, 1996.



Signature/Title



Signature/Title



Signature/Title

Certificate of Designation
Registered Agent/Registered Office

Pursuant to the provision 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 agent/registered office, in the State of Florida.

1. The name of the Corporation is: HISPANIC MEDICAL NETWORK, INC.

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

Nelson Horta
205 N.W. 136 Ct.
Miami, Fl. 33182

Signature 
(Corporate Officer)

Title President

Date June 14, 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 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 

Date June 14, 1996

FILED
96 JUN 17 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA