P96000060706

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

000001350130
-07/19/96-01001-021
****122.50 ****122.50

Office Use Only

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

1. 5 STAR MEDICAL CONSULTANTS & BILLING CO.
(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

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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

CR2E031(1/95)

Examiner's Initials	SN JUL 19 1996

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

5 STAR MEDICAL CONSULTANTS & BILLING CO.

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:
5 STAR MEDICAL CONSULTANTS & BILLING CO.

The principal place of business of this corporation shall be: 12729 SW 28 TERRACE, 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):

VERONICA FERNANDEZ /PRES/SEC
12729 SW 28 TERRACE
MIAMI, FL 33175

ARTICLE VI. INCORPORATOR(S)

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

VERONICA FERNANDEZ/ PRES/ SEC
12720 SW 28 TERRACE
MIAMI, FL 33175

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17TH day of JULY, 1996.

Signature(s) of Incorporator(s)

V Fernandez Drivers license Identification

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 17th day of JULY, 1996, by VERONICA FERNANDEZ.
(Name of Incorporator)

of 5 STAR MEDICAL CONSULTANTS & BILLING CO..
(Name of Corporation)

OFFICIAL NOTARY SEAL
MARIA C DE LA PRIDA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC387710
MY COMMISSION EXP. JUNE 27,1998

Notary Public

María C de La Prida

My Commission Expires:

(SEAL)

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 desinating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:
5 STAR MEDICAL CONSULTANTS & BILLING CO.

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TALLAHASSEE, FLORIDA

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

VERONICA FERNANDEZ

12729 SW 28 TERRACE
(PO BOX NOT ACCEPTABLE)

MIAMI, FL 33175
(CITY/SATE/ZIP CODE)

Signature V Fernandez
(Corporate Officer)

Title PRESIDENT

Date JULY 17TH, 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 V Fernandez
(Registered Agent)

Date JULY 17TH, 1996