

# P96000061436

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 Only

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

1. VALUE MEDICAL CENTER CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SEARCH REASONS  
07/23/96--011007-013  
\*\*\*\*122.50 \*\*\*\*122.50

- Walk in     Pick up time 9, 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

FILED  
95 JUL 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

7.23.96

Examiner's Initials

KR

ARTICLES OF INCORPORATION

FILED  
96 JUL 23 8:12 AM  
TALLAHASSEE  
FLORIDA

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:

*Value Medical Center Corp*

ARTICLE II PRINCIPAL OFFICE

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

*697 East 9 Street  
Hialeah, FL 33010*

ARTICLE III SHARES

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

*100 - \$1.00*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Idalberto Periera  
3371 Sw. 100 Ave.  
Miami, FL 33165*

ARTICLE V INCORPORATOR(S)

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

*Idalberto Periera*  
*3371 SW. 100 Ave.*  
*Miami, FL 33165*

ARTICLE VI DIRECTOR(S)

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

*Idalberto Periera*  
*3371 SW. 100 Ave.*  
*Miami, FL 33165*

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

22 day of July, 19 96.

*Idalberto Periera*  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions 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: Valour Medical Center Corp.

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

    Ldalberto Pereira      
(NAME)

    3371 Sw. 100 Ave.      
(P.O. BOX NOT ACCEPTABLE)

    Miami, FL 33165      
(CITY/STATE/ZIP)

FILED  
26 JUL 23 PM 02:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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     Ldalberto Pereira    

DATE     07-22-96

# P96000061436

**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

500002141895--4  
-04/14/97--01044--000  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. VALUE MEDICAL CENTER, CORP.  
(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

**FILED**  
 97 APR 15 PM 12:38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 RECEIVED  
 97 APR 14 AM 10:48  
 DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

4/15  
*John Amend*

Examiner's Initials	
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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

April 14, 1997

**LAZARUS**

**MIAMI, FL**

**SUBJECT: VALUE MEDICAL CENTER CORP**  
**Ref. Number: P96000061436**

We have received your document for VALUE MEDICAL CENTER CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

**Joy Moon-French**  
**Corporate Specialist**

**Letter Number: 797A00018708**

**RECEIVED**  
**97 APR 15 AM 11:06**  
**DIVISION OF CORPORATION**

**FILED**  
97 APR 15 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT**

**OF**

**VALUE MEDICAL CENTER CORP**

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST: Amendment adopted: ARTICLE VI**

The Board of Directors shall consist of a total TWO person, and the name and address of the persons who will serve as directors are:

**IDALBERTO PEREIRA**  
3371 SW 100th AVE.  
MIAMI, FL. 33165

**President**

**JUSTO A. ORBEGOZO**  
18051 BISCAYNE BLVD APT 905  
NORTH MIAMI BEACH, FL.33160

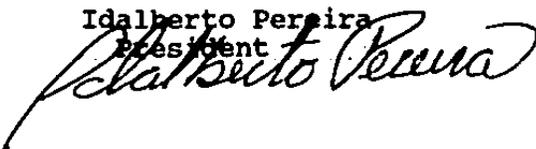
**Vice President**

**THIRD: The date of each amendment's adoption 04/10/97**

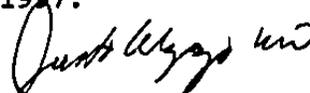
**THIRTH: The amendments were approved by the shareholders and Directors. The number of votes cast for the amendments were sufficient for approval.**

Signed this 10th of April, 1997.

**Idalberto Pereira**  
President



**Justo A. Orbegozo**  
Vice President



ARTICLES XI

We will add an Article XI to the Articles of Incorporation.

The name of the registered agent will not change and will remain being IDALBERTO PEREIRA and the following address is as follows:

IDALBERTO PEREIRA  
3371 SW 100th AVE.  
MIAMI, FL. 33165

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 RELATION TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION



AS REGISTERED AGENT.  
SIGNATURE

DATE 4-10-97

P96000061436

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 14, 1997

VALUE MEDICAL CENTER CORP  
697 EAST 9 STREET  
HIALEAH, FL 33010

SUBJECT: VALUE MEDICAL CENTER CORP  
Ref. Number: P96000061436

Debit Memo #: 7497-C

This is to inform you that check #1197 in the amount of \$165.00 submitted with the annual report for VALUE MEDICAL CENTER CORP has been returned by your bank because of UNCOLLECTED FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 14, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 197A00025796

# State of Florida



Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for VALUE MEDICAL CENTER CORP, a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of July 28, 1997 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P96000061436.

P96000061436

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-eighth day of July, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State