

P.96000063546

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. ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, 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/QUALIFICATIONS	
<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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****122.50 ****122.50

W96-15801



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

July 29, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVE., STE. 16
MIAMI, FL 33174

SUBJECT: ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, INC.
Ref. Number: W96000015801

We have received your document for ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE REGISTERED OFFICE LISTED IN YOUR ARTICLES OF INCORPORATION MUST BE CONSISTENT THROUGHOUT THE DOCUMENT.,

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) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 796A00036285

RECEIVED
JUL 30 1996
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

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96 JUL 30 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate
name; ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE,
INC.

ARTICLE IV

The aggregate number of shares which the corporation
shall have authority to issue is the total sum of 50 shares,
having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an
amendment to these articles, there shall be only one (1)
class of stock of this corporation.

ARTICLE V

The street address of the initial registered office
and the name of the initial Resident Agent of this corpora-
tion shall be:

ROBERTO F. GONZALEZ
1508 SW 143 PL.
MIAMI, FL. 33184

The principal office shall be:

VILLA DOS RIOS
CALLE LA PLATA STE. #46
PONCE, PUERTO RICO 00731

ARTICLE VI

The initial Board of Directors shall consist of a total of THREE (03) persons, and the name and address of the person who is to serve as an initial director is:

ROBERTO F. GONZALEZ 1508 SW 143 PL. MIAMI, FL. 33184	33.3%	PRESIDENT
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CARLOS ACOSTA 890 SW 124 CT. MIAMI, FL. 33174	33.3%	VICE PRESIDENT
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RODOLFO NIETO JR. 15351 SW 43 TERR. MIAMI, FL. 33185	33.3%	TREASURER
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The name and address of the incorporator executing these Articles of Incorporation is:

ROBERTO F. GONZALEZ
1508 SW 143 PL.
MIAMI, FL. 33184

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 26th day of JULY, 1996.


ROBERTO F. GONZALEZ

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared ROBERTO F. GONZALEZ Known to me and known by me to be the person(s) who executed the foregoing Article of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 26 day of JULY, 1996

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission Expires:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

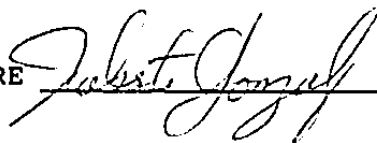
ATLANTIC DIAGNOSTIC NEURO VASCULAR SERVICE, INC.

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

ROBERTO F. GONZALEZ
1508 SW 143 P1.
Miami, Fl. 33184

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 _____



JULY 26, 1996

TALLAHASSEE, FLORIDA

96 JUL 30 AM 11:42

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