### LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name 090 S.W. 87 AVENUE SUITE: 16 Address (305)552-5973 Phone # MIAMI, FL 33174 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. PLFAR MEDICAL GROUP INC. (Corporation Name) (Document #) . (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time \_\_\_\_\_\_\_ Certificate of sittus Mail out Will wait **□** Photocopy NEWFILINGS Profit Amendment **NonProfit** Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal PECEIVED. 96 SEP 26 MIII: 09 DIVISION OF CORPORATION Other Merger **OTHER FILINGS Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Wat 20392

Other

Examiner's Initials

SEP 2 7 1996



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 26, 1996

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

SUBJECT: ALFAR MEDICAL GROUP, INC. Ref. Number: W96000020392

We have received your document for ALFAR MEDICAL GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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: 596A00044356

# ARTICLES OF INCORPORATION OF

96 SEP 27 AHH 27
TALLAHASSEE, FLORIDA

ALFAR HEALTH CENTER INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ALFAR HEALTH CENTER INC.

The principal place of business of this corporation shall be:

8364 S.W. 8 STREET MIAMI, FL 33144

### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawfull 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:

50 SHARES AT \$1 (DOLLAR) EACH

#### 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):

**IVAN GRISALES-**

PRESIDENT-

8364 S.W. 8 ST MIAMI, FL 33144

## ARTICLE VI INCORPORATOR(S)

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

IVAN GRISALES	8364 S.W	. 8 STREE	r MIAMI, FL	ORIDA 331	44
			:		e din egu
IN WITNESS WHER	EOF, the unders	igned inco	porator(s) ha	as(have) exec	cuted these
Articles of Incorporat	ion this <del></del>	aay of.	Out (Li	.19	
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		Signatu	re(s) of Incor	eorato <i>rfs</i> )	
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STATE OF FLORIDA	DADE				
COUNTY OF		· · · · · · · · · · · · · · · · · · ·			
THE FOREGOING ins	trument was ac	knowledge	d and sworn i	to before me	thie
		, ,			
	19 —, by ——	(Nar	ne of incorpo	orator)	
of	(Name of Co	rporation)			
					and the second

**Notary Public** 

My commission expires:

# 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:	ALFAR	HEALTH	CENTER	INC.	ALL AH	55 C C	EAST A
2. The name and the address of th  IVAN GRISALES 8364 S.		•	and office		SSEE. FLORIDA	HII: 27	TT
	SIGNA		ESIDENT	G	- SA	los	
	DATE_		1/96				
HAVING BEEN NAMED TO ACC STATED CORPORATION, AT THE HEREBY AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL S PLETE PERFORMANCE OF MY DI FLORIDA STATUTES.	E PLACE CAPACIT TATUTES	DESIGN Y, AND I RELATI	IATED IN FURTHEI VE TO TH	THIS R AGR E PRO	CERTIFICE EE TO C PER AND	CATE COMI D CC	E, I PLY DM-
	SIGNATU	JRE 🏂	Lymi	<u>-(3</u>	RISPL	les	
	DATE	·	9/24/	<del>26</del>			