

96000082606

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FL 33174

(305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

FILED  
95 OCT -7 PM 1:39  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. PROFESSIONAL DIAGNOSTICS CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ 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

RECEIVED  
96 OCT -7 AM 11:15  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**

**OF**

**FILED**

96 OCT -7 PM 1:38.

**PROFESSIONAL DIAGNOSTICS CENTER, INC.**

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:**

**PROFESSIONAL DIAGNOSTICS CENTER, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**2150 S.W. 26TH STREET, APART # 6  
MIAMI, FL. 33133.**

**ARTICLE III CAPITAL STOCK**

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

**500 SHARES AT \$ 1.00 EACH.**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

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

**BETSY ZAMORA  
2150 S.W. 26TH STREET APART # 6  
MIAMI, FL. 33133.**

**ARTICLE V INCORPORATOR(S)**

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

LETSY ZAMRA.-PRESIDENT/SECRETARY/DIRECTOR.-2150 S.W. 26TH STREET APT # 6  
MIAMI, FL. 33133

100% SHARES

The undersigned has(have) executed these Articles of Incorporation  
This

\_\_\_\_\_ 3 \_\_\_\_\_ day of \_\_\_\_\_ OCTOBER \_\_\_\_\_, 19 96 \_\_\_\_\_



\_\_\_\_\_  
Signature/Title

PRESIDENT

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: PROFESSIONAL DIAGNOSTICS CENTER, INC.

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

HEISY ZAMORA

(NAME)

2150 S.W. 26 ST. APART. # 6

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33133.

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer)

TITLE PRESIDENT

DATE 10/03/96

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 

DATE 10/03/96

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