

P96000084623

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. WEST GABLES MEDICAL CENTER, 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA
96 OCT 14 PM 2:08
DIVISION OF CORPORATIONS

96 OCT 14 PM 4:52
DIVISION OF CORPORATIONS

CERTIFICATE OF INCORPORATION
WEST GABLES MEDICAL CENTER, INC.

FILED
20021116 PM 2:08
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions:

ARTICLE ONE

The name of this corporation shall be:

WEST GABLES MEDICAL CENTER, INC..

ARTICLE TWO

The corporation may engage in any activity or business permitted under The laws of the United States and of the State of Florida.

ARTICLE THREE

The maximum number of shares of stock which the corporation shall have outstanding at any time, shall be One thousand two hundred shares of stock which shall be common stock of a par value of One (\$ 1.00) Dollar per share.

All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at a true valuation thereof.

ARTICLE FOUR

This corporation shall begin business with a minimum capital of the amount of five hundred (\$500.00) Dollars.

ARTICLE FIVE

This corporation shall have perpetual existence.

ARTICLE SIX

The principal office of the corporation shall be located at 3720 SW 108 AVE., MIAMI, FLORIDA, but other offices for the transaction of business may be located wherever the Directors may deem necessary or expedient.

ARTICLE SEVEN

The business of the corporation shall be managed by a Board of Directors, who need not be stockholders of the corporation. the number of directors, not less than One ,shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

ARTICLE EIGHT

This corporation shall have full power to carry on and transact all of the businesses specified in Article Two of this Certificate, and shall have all the general and additional powers now or hereafter conferred upon it by-law.

ARTICLE NINE

The names and post office addresses of the members of the First Board of Directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

RAMON M. LLANES 3720 SW 108 AVE., MIAMI. FL. 33165

OFFICERS

RAMON M. LLANES 3720 SW 108 AVE., MIAMI FL.33165. PRESIDENT, SECRETARY,
TREASURER

ARTICLE TEN

The names and post office addresses of each of the subscribers to this Certificate of Incorporation and the number of shares of stock which each subscriber agrees to take, are as follows:

NAMES	ADDRESS	No. OF SHARES
RAMON M. LLANES	3720 SW 108 AVE., MIAMI, FLORIDA.33165.	1200 SHARES AT \$ 1.00, EACH


ARTICLE ELEVEN

This corporation shall have the power to issue the whole or any part, determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until the whole thereof shall have been paid.

ARTICLE TWELVE

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law or in this Certificate otherwise provided; any action of such Board of Directors may be rescinded, or any director or officer removed from office, only upon a vote of stockholders, holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided by the by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock shall be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

IN WITNESS WHEREOF, the undersigned incorporators have hereunto set their and affixed their seals, this Tenth day of October, 1996.

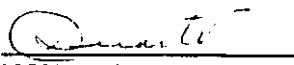


RAMON M. LLANES

STATE OF FLORIDA)
) S.S.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared RAMON M. LLANES, Who being by me first duly sworn, severally depose and say that he is the person named in and who executed the following Certificate of Incorporation, and that he executed the same freely and voluntarily for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, said County and State, this Tenth day of October, 1996.



NOTARY PUBLIC State
of Florida at Large

Commission # CC 413706

My commission expires October 16, 1998

BONDED THROUGH General Insurance Underwriters

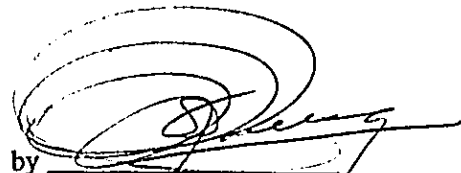
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE
SERVED.

In pursuance of chapter 48.091, Florida Statutes, the following is submitted, in compliance with
said Act:

FIRST: that WEST GABLES MEDICAL CENTER, INC. desiring to organize under the Laws of
the State of Florida with its principal office, as indicated in the articles of Incorporation at City
of Miami, County of Dade, State of Florida, has named RAMON M. LLANES, 3720 SW 108
AVE., MIAMI, County of Dade, State of Florida, as its agent to accept service of process within
this State.

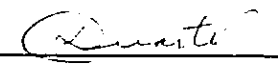
ACKNOWLEDGEMENT: Having been named to accept service of process for the above stated
corporation, at place designated in this certificate.

I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative
to keeping open said office.

by 
RAMON M. LLANES

Resident Agent

Sworn to and subscribed before me this
Tenth day of Oct., 1996.


NOTARY PUBLIC State
of Florida at Large
Commission No. CC413706
My commission expires October 16, 1998
BONDED THROUGH General Insurance Underwriters

FILED
95 OCT 14 PM 2:08
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: WEST GABLES MEDICAL CENTER, INC. EIN or SS#: _____

Address: 5511 SW 8th ST. SUITE 101 MIAMI FL. 33134.

Amount: \$550.00 Date Paid _____

Reason for claim: Report already Filed - P96000084623
SPT 9/23/97

Certified true and correct this 10 day of 08, 19 97.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund: \$550.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 983751018 dated 09-17-97

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations (Agency) (Authorized Signature and Title)