

996000087500

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 116

Address

MIAMI, FL 33174

(305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

RECEIVED
OCT 16 01 47-012
1996

Office Use Only

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

American Staffing Home Health Agency.

1. MIAMI HOME CARE INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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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

696-21046

96 OCT -4 47:10 21
DIVISION OF REGISTRATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 4, 1996

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

SUBJECT: MIAMI HOME CARE, INC.
Ref. Number: W96000021046

We have received your document for MIAMI HOME CARE, 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 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: 196A00045435

95 OCT 22 PM 3:05
1996
10/22/96

ARTICLES OF INCORPORATION

OF
AMERICAN STAFFING HOME HEALTH AGENCY, INC.

FILED
96 OCT 23 PM 3:26

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:

AMERICAN STAFFING HOME HEALTH AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

9370 SW 72 STREET
SUITE A270
MIAMI, FL 33173

ARTICLE III SHARES

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

100 SHARES @ \$5.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANGEL MORERA
9370 SW 72 STREET SUITE #A270
MIAMI, FL 33173

ARTICLE V INCORPORATOR(S)

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

ANGEL MORERA PRESIDENT/VICE-PRESIDENT/SECRETARY/TREAS.
9370 SW 72 STREET
SUITE #A270
MIAMI, FL 33173

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

23rd day of SEPTEMBER, 19 96.

ANGEL MORERA


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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: AMERICAN STAFFING HOME HEALTH AGENCY, INC.

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

ANGEL MORERA

(NAME)

9370 SW 72 STREET SUITE #A270

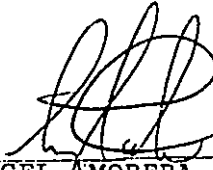
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33173

(CITY/STATE/ZIP)

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


ANGEL MORERA

DATE

9/27/96

REGISTERED AGENT FILING FEE: \$35.00

P96 0000 87500

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

200002057212--7

-01/14/97--01/12--026

Office Use Only *****35.00 *****35.00

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

1. AMERICAN STAFFING HOME HEALTH
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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<input type="checkbox"/>	Other

FILED
97 JAN 14 PM 1:59
TALLAHASSEE, FLORIDA

N. HENDRICKS JAN 14 1997

ARTICLES OF AMENDMENT

TO
ARTICLES OF INCORPORATION
OF

AMERICAN STAFFING HOME HEALTH AGENCY, INC
(present name)

FILED
97 JAN 14 PM 1:59
TALLAHASSEE, FLORIDA

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(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE 1: NAME OF CORPORATION

NEW NAME: SOUTH FLORIDA ADVANCED REHABILITATION CENTER, INC.

ARTICLE 2: PRINCIPAL OFFICE ADDRESS

NEW ADDRESS: 1800 WEST 49 STREET
SUITE 316
HIALEAH, FL 33012

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: JANUARY 3, 1997.

FOURTH: Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 3RD day of JANUARY, 19 97.

Signature X 

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an Incorporator if adopted by the Incorporators)

ANGEL MORERA

Typed or printed name

PRESIDENT / Incorporator

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

X 

ANGEL MORERA

1-3-97
DATE