

P96000092401

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. A&D MEDICAL CONSULTING, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 300002001523--3
(Corporation Name) (Document #) -11/12/96--01016--009
****122.50 ****122.50

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ 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 |

ARTICLES OF INCORPORATION

OF

A & D MEDICAL CONSULTING, 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 :

A & D MEDICAL CONSULTING, INC.

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

5987 SW 114 AVE.
COOPER CITY, FL. 33330

ARTICLE II NATURE OF THE BUSINESS

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

1,000 shares of Common Stock, each having \$1.00 par value

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):

| NAME | POSITION | ADDRESS |
|-----------------|-----------|--|
| Armando Pozo | President | 5987 SW 114 Ave. Cooper City, Fl. 33330 |
| Deisy Rodriguez | Secretary | 5987 SW 114 Ave. Cooper City, Fl. 33330 |

ARTICLE VI INCORPORATOR(S)

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

Armando Pozo 5987 SW 114 Ave.
Cooper City, Fl. 33330

Deisy Rodriguez 5987 SW 114 Ave.
Cooper City, Fl. 33330

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 7 day of November 1996.

Signature(s) of Incorporator(s)

Deisy Rodriguez

STATE OF FLORIDA
COUNTY OF Dade

The foregoing instrument was acknowledged and sworn to before me this 7 day of November, 1996, BY Armando Pozo, Deisy Rodriguez . OF A & D Medical Consulting, Inc. They are personally known to me and did not take an oath.

Orlando de Armas
Notary Public

(SEAL)



ORLANDO DE ARMAS
MY COMMISSION # CC375908 EXPIRES
May 23, 1998
BONDED THRU TROY FARM INSURANCE, INC.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 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 : A & D Medical Consulting, Inc.
2. The name and address of the registered agent and office is:

Armando Pozo
5987 SW 114 Ave.
Cooper City, Fl. 33330

SIGNATURE 

(Corporate Officer)

TITLE

President

DATE

November 7, 1996

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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

(Registered Agent)

DATE

November 7, 1996