

P96000101526

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

700002030817--0

-12/17/96--01085--019

*****12:00 *****12:00

Office Use Only

78-75 78-75

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

1. ELECTRONIC MEDICAL BILLING OF U.S.A. 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

FILED
96 DEC 17 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 DEC 17 AM 11:15
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

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:

ELECTRONIC MEDICAL BILLING OF U.S.A. INC.

ARTICLE II PRINCIPAL OFFICE

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

4422 S.W. 89 CT

MIAMI FLORIDA 33165

ARTICLE III SHARES

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

THE CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED SHARES (500)
OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK WHICH SHALL BE DESIGNATED "COMMON SHARES".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAURA ROSELLO

PRESIDENT.

4422 S.W. 89 CT

MIAMI FLORIDA 33165

FILED
DEC 17 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATION(S)

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

LAURA ROSELLO
PRESIDENT

4422 S.W. 89 CT
MIAMI FLORIDA 33165

ARTICLE VI DIRECTOR(S)

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

LAURA ROSELLO
PRESIDENT

4422 S.W. 89 CT
MIAMI FLORIDA 33165

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

8 day of DECEMBER, 1996.



Signature

Signature

Signature

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: ELECTRONIC MEDICAL BILLING OF
U.S.A. INC.

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

LAURA ROSELLO

(NAME)

4422 S.W. 89 CT.

(P.O. BOX ~~NOT~~ ACCEPTABLE)

MIAMI FLORIDA 33165

(CITY/STATE/ZIP)

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96 DEC 17 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Laura Rosello
SIGNATURE

DATE 12-8-96