

P97000000528

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

FILED

97 JAN -3 AM 11:31

STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Hy Bon M. parsoff, M.D., P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 200002043322-1

3. \_\_\_\_\_  
(Corporation Name) (Document #) 01/02/97--01030--015  
\*\*\*\*122.50 \*\*\*\*122.50

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

W97-76  
KR 1-2-97

RECEIVED  
JAN 3 1997

MA 1/3/97



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

January 2, 1997

**LAZARUS CORPORATE INDUSTRIES, INC.**  
890 S.W. 87TH AVENUE  
SUITE 16  
MIAMI, FL 33174

**SUBJECT: MYRON M. PERSOFF, M.D., P.A.**  
Ref. Number: W9700000076

We have received your document for MYRON M. PERSOFF, M.D., P.A. 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 specific nature of business of the professional association must be stated in the document.

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) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 497A00000139

**RECEIVED**  
97 JAN -3 AM 11:26  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**

**OF**

**MYRON M. PERSOFF, M.D., P.A.**

**FILED**

97 JAN -3 AM 11:31

SECRETARY OF STATE  
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 Myron M. Persoff, M.D., P.A.  
The specific nature of business is conduct in PLASTIC SURGERY.

**ARTICLE II      DURATION**

This corporation shall have perpetual existence commencing on the date of the filing of these articles with the Department of State.

**ARTICLE III      PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 2912 South West 27<sup>th</sup> Avenue, Miami, Florida 33133.

**ARTICLE IV      CAPITAL STOCK**

This corporation is authorized to issue 500 shares of \$1.00 par value common stock which shall be designated "Common Shares".

**ARTICLE V      INITIAL REGISTERED AGENT AND STREET ADDRESS**

The street address of the initial registered office of this corporation is 2912 S.W. 27<sup>th</sup> Avenue, Miami, FL 33133 and the name of the Initial Registered Agent of this corporation at that address is Myron M. Persoff, M.D.

#### ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) Director constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws. The name and address of the initial Board of Directors of this corporation is:

NAME

ADDRESS

MYRON M. PERSOFF, M.D.

2912 S.W. 27<sup>TH</sup> AVE, MIAMI, FL 33133

#### ARTICLE VII INCORPORATION(S)

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

NAME

ADDRESS

MYRON M. PERSOFF, M.D.

2912 S.W. 27<sup>TH</sup> AVE, MIAMI, FL 33133

#### ARTICLE VIII INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

#### ARTICLE IX AMMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of  
Incorporation this \_\_\_ day of \_\_\_, 199 .

FILED

97 JAN -3 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA
  
\_\_\_\_\_  
MYRON M. PERSOFF, Subscriber

STATE OF FLORIDA  
COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared MYRON M. PERSOFF known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and county aforesaid, this \_\_\_ day of \_\_\_, 199 .

\_\_\_\_\_  
Notary Public, State of Florida at Large

My commission Expires:

\_\_\_\_\_  
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 ALC 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