

**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

7010002050647-6

01-08797-01051--031

◆◆◆◆122.50    ◆◆◆◆122.50

Office Use Only

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

1. MANAGED CARE DEVELOPMENT, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #) 159

☒ 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	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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97 JAN -8 PM 1:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

RECEIVED  
JAN -8 AM 10 53  
ION 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:

Managed Care Development, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

999 Ponce de Leon Blvd Suite 940  
Coral Gables, Florida. 33134

### ARTICLE III SHARES

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

One Hundred Shares at a par value of \$1.00 ea

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hugo Vega  
999 Ponce de Leon Blvd Suite 940  
Coral Gables, Florida 33134

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Hugo Vega  
999 Ponce de Leon Blvd Suite 940  
Coral Gables, Florida 33134

ARTICLE VI DIRECTOR(S)

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

Hugo Vega  
999 Ponce de Leon Blvd Suite 940  
Coral Gables, Florida 33134

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

6th day of January, 19 97.

  
\_\_\_\_\_  
Signature Hugo Vega

\_\_\_\_\_  
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: Managed Care Development, Inc.

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

Hugo Vega

(NAME)

999 Ponce de Leon Blvd Suite 940 Coral Gables, Florida 33134

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA  
AIB

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 

DATE 1/6/97