

P97000006125

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. HEALTHCARE SOLUTIONS BILLING SYSTEM, INC.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 600002064816--2
-01/22/97--01/24--012
****122.50 ****122.50

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
97 JAN 22 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
97 JAN 22 AM 11:09
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I: The name of the corporation shall be:

Healthcare Solutions Billing System, Inc.

Article II: The principle place of business and mailing address of this corporation shall be:

8080 Flagler St
Suite 3A
Miami, FL 33144

Article III: The number of shares of stock that this corporation is authorized to have outstanding at any time is 100 shares, \$1 Par Value.

Article IV: The name and address of the initial registered agent is:

Natividad Diaz
20031 NW 63CT
Miami, FL 33015

Article V: The name and address of the incorporators to these articles of incorporation are:

Natividad Diaz
20031 NW 63CT
Miami, FL 33015

Wayne Whelchel MD
821Ramblewood Dr
Coral Springs, FL 33071-7149

Pablo E. Silverio
9443 Fontainebleau Blvd
Suite 108
Miami, FL 33172

FILED
97 JAN 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporators have executed these Articles of Incorporation this 20th day of January, 1997

Natividad Diaz
Natividad Diaz

Wayne Whelchel MD.
Wayne Whelchel MD

Pablo E. Silverio
Pablo E. Silverio

**CERTIFICATION 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: Healthcare Solutions Billing System, Inc.
2. The name and address of the registered agent and office is:

Natividad Diaz
20031 NW 63CT
Miami, FL 33015

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: Natividad Diaz

Date: January 20, 1997

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97 JAN 22 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA