

P97000008192

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

200002071112-2

01/28/97-01155-014

\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. CORAL GABLES REGIONAL MEDICAL CENTER  
(Corporation Name) (Document #)

2. CORPORATION  
(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

RECEIVED  
97 JAN 28 AM 11:23  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION  
OF  
CORAL GABLES REGIONAL MEDICAL CENTER CORPORATION**

**FILED**  
97 JAN 22 PM 1:49  
TALLAHASSEE  
FLORIDA

FIRST: The name of this corporation is:

CORAL GABLES REGIONAL MEDICAL CENTER CORPORATION

SECOND: The street address of the initial principal office of this corporation

is: 2601 DOUGLAS ROAD  
SUITE 802  
MIAMI, FLORIDA 33133

THIRD: The period of its duration shall be perpetual existence.

FOURTH: The purpose is land investment and development permitted under the laws of the United States of America and the State of Florida.

FIFTH: The corporation shall have authority to issue 1000 shares of common stock, with \$1.00 par value.

SIXTH: The name and address of the initial registered agent of this corporation is:

ALEJANDRO LOYNAZ  
2601 DOUGLAS ROAD  
SUITE 802  
MIAMI, FLORIDA 33133

SEVENTH: The number of directors constituting its initial Board of Directors is (1), whose name and address is:

ALEJANDRO LOYNAZ  
2601 DOUGLAS ROAD  
SUITE 802  
MIAMI, FLORIDA 33133

EIGHTH: The name and address of the incorporator is:

ALEJANDRO LOYNAZ  
2600 DOUGLAS ROAD  
SUITE 802  
MIAMI, FLORIDA 33133

**NINTH:** Members of the Board of Directors may participate in any meetings of said Board by means of conference telephone as provided by law, and/or may take action by written consent as provided by law.

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

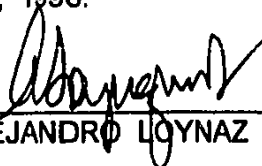
**ELEVENTH:** The shares of the corporation may be issued pursuant to the provisions of Section 1244 of the Internal Revenue Code in order that the shareholders of the corporation may receive the benefits thereunder.

**TWELFTH:** The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors.

**THIRTEENTH:** The approval of the shareholders of this corporation to any plan or merger shall be required in every case, whether or not such approval is required by law.

**FOURTEENTH:** The shareholders of this corporation shall have the right to dissent from any corporate actions from which shareholders are entitled to dissent under the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 22nd day of January, 1996.

  
\_\_\_\_\_  
ALEJANDRO LOYNAZ

Acknowledgment of Registered Agent:

Having been named as Registered Agent to accept service of process as above,  
I hereby accept to act in said capacity and agree to comply with the requirements of  
law in said regard, including keeping open said office.

  
ALEJANDRO LOYNAZ

STATE OF FLORIDA )  
                                  )SS:  
COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared ALEJANDRO LOYNAZ who is to me well known and known to me to be the person described in and who subscribed the above Articles of Incorporation and Acknowledgement of Registered Agent, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Miami, in said County and State this 27th day of January, 1997.

  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

MY COMMISSION EXPIRES:



IMARA C YERO  
My Commission CC410017  
Expires Nov. 06, 1996  
Bonded by HAI  
800-422-1555

FILED  
97 JAN 28 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA