

P97000015/00

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

600002083276--0

-02/17/97--01059--008

Office Use Only \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. NORTHEAST MEDICAL CENTER, 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

DIVISION OF CORPORATION

97 FEB 17 AM 11:09

RECORDED

FILED

97 FEB 17 PM 1:55

TALLAHASSEE, FLORIDA

FILED

97 FEB 17 PM 1:55

ARTICLES OF INCORPORATION SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

NORTHEAST MEDICAL CENTER, INC.

ARTICLE I - NAME

The name of this corporation is \_\_\_\_\_

NORTHEAST MEDICAL CENTER, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue one hundred shares of no par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial <sup>Principal</sup> ~~registered~~ office of this corporation is 723 N.E. 79 ST., MIAMI, FL. 33138

and the name of the initial registered agent of this corporation is PATRICIA FOJO

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one director(s) initially.  
The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE.  
The name and address(es) of the initial director(s) of this corporation is (are):

PATRICIA FOJO

723 N.E. 79th ST  
MIAMI, FL. 33138

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 - INCORPORATOR**

The name(s) and address(es) of the person(s) signing these articles is (are):

PATRICIA FOJO

723 N.W. 79th ST  
MIAMI, FL. 33138

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these articles of incorporation this 8th day of January, 1997.

  
PATRICIA FOJO

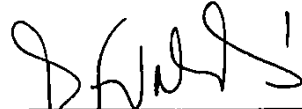
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM  
SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with section 607.034 of the Florida Statutes,  
the following is submitted: NORTHEAST MEDICAL CENTER, INC.  
desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business in the City of  
Miami, County of Dade, State of Florida, has named \_\_\_\_\_  
PATRICIA FOJO located at \_\_\_\_\_  
723 N.E. 79th Street in the \_\_\_\_\_ City of Miami, County of Dade,  
State of Florida as its agent to accept service of process within  
the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above  
mentioned corporation, at the place designated in this Certificate,  
I hereby agree to act in this capacity, and further agree to comply  
with the provisions of all Statutes relative to the proper and  
complete performance of my duties.

Dated this 8th day of January, 1997.



\_\_\_\_\_  
Resident and Registered Agent

FILED  
97 FEB 17 PM 1:55  
TALLAHASSEE, FLORIDA