

P97000022473

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

03/12/97 014
***122.50 ***122.50

Office Use Only

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

1. SMART ALLIANCE MEDICAL BILLING
(Corporation Name) (Document #)

2. AGENCY, INC.
(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

FILED
97 MAR 12 PM 1:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
97 MAR 12 AM 11:04
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

FILED
97 MAR 12 PM 1:25
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:

SMART ALLIANCE MEDICAL
BILLING AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

SMART ALLIANCE MEDICAL
BILLING AGENCY, INC.
3900 N.W. 79th Avenue, Suite 511
Miami, Florida 33166

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELVIRA GUERRERO
3900 N.W. 79th Avenue, Suite 511
Miami, Florida 33166

ARTICLE V INCORPORATOR(S)

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

President/	Elvira Guerrero	Vice-President/	Zoe Garcia
Director	3900 N.W. 79th Avenue	Director	3900 N.W. 79th Ave.
	Suite 511		Suite 511
	Miami, FL 33166		Miami, FL 33166

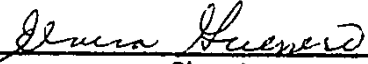
ARTICLE VI DIRECTOR(S)

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


ELVIRA GUERRERO PRSDT/DIRECTOR	ZOE C. GARCIA, VP/DIRECTOR
3900 N.W. 79th Avenue, #511	3900 N.W. 79th Avenue, #511
Miami, Florida 33166	Miami, Florida 33166
Ana V. Hernandez-Zell, Director	Nancy Soto Garcia, Director
3900 N.W. 79th Avenue, #511	3900 N.W. 79th Avenue, #511
Miami, Florida 33166	Miami, Florida 33166

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

20th day of February, 19 97.




Signature
ELVIRA GUERRERO PRESIDENT/DIRECTOR



Signature
ZOE C. GARCIA VICE PRESIDENT/DIRECTOR



Signature
NANCY SOTO GARCIA DIRECTOR



ANA V. HERNANDEZ-ZELL DIRECTOR

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: SMART ALLIANCE MEDICAL BILLING
AGENCY, INC.

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

ELVIRA GUERRERO
(NAME)
3900 N.W. 79TH AVENUE, SUITE 511, MIAMI, FLORIDA 33166
(P.O. BOX NOT ACCEPTABLE)
(CITY/STATE/ZIP)

FILED
97 MAR 12 PM 1:26
TALLAHASSEE
FLORIDA

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 *Elvira Guerrero*
ELVIRA GUERRERO
DATE Feb. 20, 1997