

**9900041069**

LEZARUS CORPORATION AND ASSOCIATES, INC.  
 Requestor's Name  
 390 S.W. 87 AVENUE, SUITE 10  
 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. Ac. Tortoise Medicine And Re-Hab., Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

97 MAY - 8  
 11:11 AM  
 11:11 AM  
 11:11 AM

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED  
 97 MAY - 9 AM 10:49  
 DIVISION OF CORPORATION

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

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

*[Handwritten signature]*

Examiner's Initials	
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**ARTICLES OF INCORPORATION  
OF  
ALTERNATIVE MEDICINE AND REHAB., INC**

FILED  
97 MAY -8 PM 1:56  
SEAL  
TALLAHASSEE FL

The undersigned incorporators for the purpose of forming a corporation under the Florida General Corporation Act. hereby adopts the following Articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **ALTERNATIVE MEDICINE AND REHAB., INC.** The principal place of business of this corporation shall be: **7025 N.W. 169 STREET, MIAMI.FLORIDA, 33015**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE III CAPITAL STOCKS**

The aggregate of shares of stocks and its par value that this corporation is authorized to have outstanding at any one time is: **100 SHARES WITH A PAR VALUE OF \$1.00 EACH.**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street addresses of the initial officers and directors. If any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

**Carmen Hilda Delgado**

**President, Treasurer  
Secretary, V-President**

ARTICLES VI INCORPORATORS

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

Carmen Hilda Delgado  
7025 N.W. 169 Street  
Miami, FL 33015

President, Treasurer  
V-President, Secretary

IN WITNESS WHEREOF, the undersigned incorporators has have  
executed these Articles of Incorporation this 15 day of  
05 1997.

Signature of Incorporator

Carmen H. Delgado

STATE OF FLORIDA  
COUNTY OF Florida

THE FOREGOING instrument was acknowledged and sworn to  
before me this 05 day of 05 1997 by

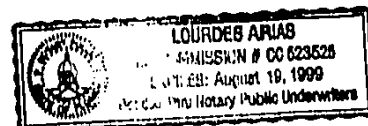
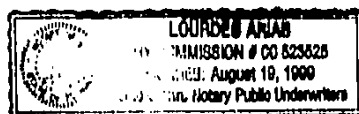
Carmen Hilda Delgado of \_\_\_\_\_  
(Name of Incorporator)

ALTERNATIVE MEDICINE AND REHAB, INC  
(Name of Corporation)

Loures Arias  
Notary Public  
Loures Arias

(SEAL)

My Commission Expires: \_\_\_\_\_



**CERTIFICATE DESIGNATED  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Status, 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: **ALTERNATIVE MEDICINE AND REHAB., INC.**
2. The Name and address of the registered agent and office is:

**CARMEN HILDA DELGADO  
7025 N.W. 169 STREET  
MIAMI, FL 33010**

Signature: *Carmen H. Delgado*  
(Corporate Officer)

Title: PRESIDENT

Date: 05/05/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *Carmen H. Delgado*  
(Registered Agent)

Date: 05/05/97

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