

P97000042439

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. COLUMBIA REHAB., INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

300002176983--8

05/13/97-01081-014  
\*\*\*\*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  
MAY 13 PM 2:46  
RECORDED  
STATE  
MAY 13 AM 11:33  
DIVISION OF CORPORATION

MAY 13

BSB

**ARTICLES OF INCORPORATION  
OF  
COLUMBIA REHAB., INC.**

FILED

97 MAY 13 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: COLUMBIA REHAB., INC.  
The principal place of business of this corporation shall be:  
782 N. LeJeune Road, Suite 530, MIAMI, FLORIDA 33126

**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:

**Idalia Alfaras**

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

ARTICLES VI INCORPORATORS

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

Idalia Alfaras  
8855 S.W. 2 Street  
Miami, FL 33144

President, Treasurer  
V-President, Secretary

IN WITNESS WHEREOF, the undersigned incorporators has have  
executed these Articles of Incorporation this \_\_\_\_\_ day of  
\_\_\_\_\_ 1995.

Signatures of Incorporators

Idalia Alfaras

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING instrument was acknowledged and sworn to  
before me this \_\_\_\_\_ day of \_\_\_\_\_ 1995 by

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Incorporator)

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
Notary Public

(SEAL)

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

**CERTIFICATE DESIGNATED  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
97 MAY 13 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: COLUMBIA REHAB., INC.
2. The Name and address of the registered agent and office is:

IDALIA ALFARAS  
782 N. LEJEUNE RD., SUITE 530  
MIAMI, FL 33126

Signature: *Idalia Alfaras*  
(Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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 *Idalia Alfaras*  
(Registered Agent)

Date: \_\_\_\_\_