

P97000043406

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

FILED

97 MAY 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. GABLES REHAB. SERVICES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-05/13/97--01081--011
****122.50 ****122.50

☒ 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

1097-11080

RECEIVED
97 MAY 13 AM 11:33
DIVISION OF CORPORATION

K.R. MAY 16 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
97 MAY 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 1997

LAZARUS

MIAMI, FL

SUBJECT: GABLES REHAB., INC.
Ref. Number: W97000011080

We have received your document for GABLES REHAB., INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 497A00025556

97 MAY 15 PM 2:51
CORPORATION

**ARTICLES OF INCORPORATION
OF
GABLES REHAB. SERVICES, INC.**

FILED
97 MAY 15 4M 8:34
SECRET
TALLAHASSEE
STATE
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: **GABLES REHAB. SERVICES, 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:

Nestor Alfaras

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

ARTICLES VI INCORPORATORS

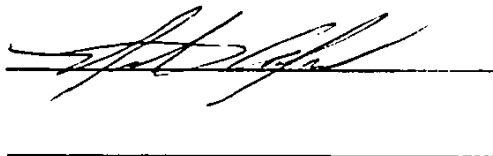
The name and street address of the incorporators to these articles of incorporation are:

Nestor 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 12th day of
May 1997.

Signatures of Incorporators



STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING instrument was acknowledged and sworn to
before me this _____ day of _____ 199 by

_____ of _____
(Name of Incorporator)

(Name of Corporation)

Notary Public

(SEAL)

My Commission Expires: _____

**CERTIFICATE DESIGNATED
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statute, 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: **GABLES REHAB. SERVICES, INC.**
2. The Name and address of the registered agent and office is:

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

Signature: _____

(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 _____

(Registered Agent)

Date: _____

FILED
97 MAY 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P97000043407

is missing.
will be filmed
when RECEIVED.

5/23/97 CORPORATE DETAIL RECORD SCREEN
NUM: P97000043407 ST:FL ACTIVE/FL PROFIT FLD: 05/15/1997
NAME : NATIONAL INTER-HEALTH SOLUTIONS CORP.
PRINCIPAL: 14445 N.E. 20TH LANE
ADDRESS NORTH MIAMI, FL 33181-1446
RA NAME : NUNEZ, MIKE
RA ADDR : 12445 KEYSTONE ISLAND DRIVE
NORTH MIAMI, FL 33181 US
ANN REP : * NONE FILED *

11:08 AM

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR: