

4

777000063796

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

900002245129--9

-07/23/97--01075-018

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

Office Use Only

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

1. R & H 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

FILED  
97 JUL 23 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECORDED  
97 JUL 23 AM 11:00  
DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

*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:

R & H MEDICAL CENTER, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1868 S.W. 17 STREET  
MIAMI, FLORIDA 33145

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HORTENSIA M. PEREZ  
1868 S.W. 17 STREET  
MIAMI, FL 33145

FILED  
97 JUL 23 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

HORTENSIA M. PEREZ  
1868 S.W. 17 STREET  
MIAMI, FLORIDA 33145


**ARTICLE VI DIRECTOR(S)**


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

(VP) HORTENSIA M. PEREZ 50%  
1868 S.W. 17 STREET  
MIAMI, FLORIDA 33145

(P) REYNALDO PEREZ 50%  
1868 S.W. 17 STREET  
MIAMI, FLORIDA 33145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22 th day of JULY, 19 97.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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: R & H MEDICAL CENTER, INC.

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

HORTENSIA M. PEREZ

(NAME)

1868 S.W. 17 STREET

(P.O. BOX **NOT** ACCEPTABLE)

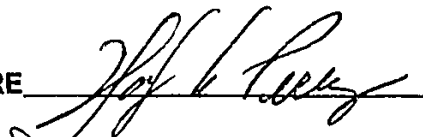
MIAMI, FL 33145

(CITY/STATE/ZIP)

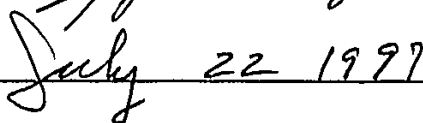
FILED  
97 JUL 23 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DATE



REGISTERED AGENT FILING FEE: \$35.00