

4
P97000075751
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. EVELINE H. PADILLA, M.D., P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 400002282174--4
(Corporation Name) (Document #) -09/02/97--01052--015
*****78.75 *****78.75

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 SEP -2 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

EVELINE H. PADILLA, M.D., P.A.

97 SEP -2 PM 1:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned; for the purpose of forming a Professional Service Corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE
NAME

The name of the corporation is EVELINE H. PADILLA, M.D., P.A.

ARTICLE TWO
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE
PURPOSE

The corporation may transact any and all lawful business for which a Medical Practice may be incorporated under the Laws of the STATE OF FLORIDA.

ARTICLE FOUR
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100, all of which shall be common shares with \$1.00 par value.

ARTICLE FIVE
INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of the corporation shall be the SAME as the principal office. and the name of the initial registered agent at such address is EVELINE H. PADILLA, M.D., at 1223 ALMERIA AVENUE, CORAL GABLES, FL 33134.

**ARTICLE SIX
PREEMPTIVE RIGHTS**

The shareholders shall have Preemptive Rights.

**ARTICLE SEVEN
INITIAL DIRECTOR AND OFFICER**

7.01 The Board of Directors of the corporation shall consist of two members.

7.02 The names and addresses of the initial Directors of the Board:

<u>Name</u>	<u>Address</u>
EVELINE H. PADILLA, M.D.	1223 ALMERIA AVENUE CORAL GABLES, FL 33134

7.03 The initial Director will also serve as the initial President and Vice President respectively.

**ARTICLE EIGHT
INCORPORATOR**

The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
EVELINE H. PADILLA, M.D.	1223 ALMERIA AVENUE CORAL GABLES, FL 33134

The undersigned has executed these Articles of Incorporation this 24 day of August 1997.

✓ 

EVELINE H. PADILLA, M.D.
INCORPORATOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: EVELINE H. PADILLA, M.D., P.A.

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

EVELINE H. PADILLA, M.D.
1223 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



EVELINE H. PADILLA, M.D.
REGISTERED AGENT

DATE August 28th, 1997

FILED
97 SEP -2 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA