

**HAZARD CORPORATE INDUSTRIES, INC.**  
 890 N. W. 87 AVENUE, SUITE 16  
 MIAMI, FLORIDA 33174 (305) 552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

**78459**

Office Use Only

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

- CAROLA M. ZAMBRANO, M.D., P.A.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in   
 ☒ Pick up time 9:00   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of State

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

RECEIVED  
 97 SEP -9 AM 11:04  
 DIVISION OF CORPORATION

300002288283--8  
 09/09/97--01042--017  
 \*\*\*\*122.50 \*\*\*\*122.50

*W47-20 7/2*  
*7/7 7/289*  
*Spec. Am. 6:30*

Examiner's Initials	
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**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 9, 1997

LAZARUS

MIAMI, FL

SUBJECT: CAROLA M. ZAMBRANO, M.D.,P.A.  
Ref. Number: W97000020712

We have received your document for CAROLA M. ZAMBRANO, M.D.,P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

CHANGE THE HEADING OF DOCUMENT TO STATE: FORMING UNDER THE PROFESSIONAL SERVICE CORPORATION ACT (NOT FLORIDA BUSINESS CORPORATION ACT).

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 997A00044829

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

CAROLA M. ZAMBRANO, M.D., P.A.

The specific nature of business is to practice in pain management.

### ARTICLE II PRINCIPAL OFFICE

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

2140 W 68 ST #200  
HIALEAH FL 33016

### 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:

CAROLA M. ZAMBRANO, M.D.  
2140 W 68 ST #200  
HIALEAH FL 33016.

**ARTICLE V INCORPORATOR(S)**

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

CAROLA M. ZAMBRANO M.D.  
2140 W 68 ST #200  
HALEAH FL 33016.

**ARTICLE VI DIRECTOR(S)**

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

CAROLA M. ZAMBRANO, M.D.  
2140 W 68 ST #200  
HALEAH FL 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3<sup>rd</sup> day of SEPTEMBER, 1997.

  
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: CAROLA M. ZAMBRANO, M.D.
2. The name and address of the registered agent and office is:  
CAROLA M. ZAMBRANO, M.D.  
(NAME)  
2140 W 68 ST #200  
(P.O. BOX NOT ACCEPTABLE)  
HALEAH FL 33016  
(CITY/STATE/ZIP)

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 X

DATE

9/3/97

SEP 10 PM 2:19  
STATE OF FLORIDA  
REGISTERED AGENT

REGISTERED AGENT FILING FEE: \$35.00