

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

89 S. W. 1st Ave., Suite 100

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. MEDICAL CARE INTERNATIONAL INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 300002322933--6
-10/17/97--01033--022
****122.50 ****122.50

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
97 OCT 17 PM 12:11
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
97 OCT 17 AM 10:40
DIVISION OF CORPORATION

10/17
Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT 17 PM 12:11

FILED

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:

MEDICAL CARE INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

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

*9 Island Avenue # Suite 1015
Miami Beach, FL. 33139*

ARTICLE III SHARES

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

1000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*JOHN A. GUARDARRAMA
9 Island Avenue #1015
Miami Beach, FL. 33139*

ARTICLE V INCORPORATOR(S)

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

CAROLINA G. SIERRA, MD.
9 Island Avenue, #1015
Miami Beach, FL. 33139

Theophilus Gooding
713 Collins Ave #35
Miami Beach, FL. 33139

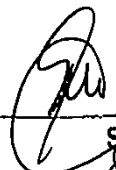
ARTICLE VI DIRECTOR(S)

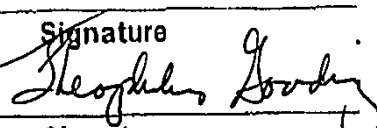
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

PRESIDENT:
CAROLINA G. SIERRA, MD.
9 Island Avenue, #1015
Miami Beach, FL. 33139

VICE PRESIDENT:
Theophilus Gooding
713 Collins Ave #35
Miami Beach, FL. 33139

The undersigned incorporator(s) has(ave) executed these Articles of Incorporation this 16 day of OCTOBER, 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: MEDICAL CARE INTERNATIONAL INC.
2. The name and address of the registered agent and office is:
JOHN A. GUARDARRAMA
(NAME)
9 ISLAND AVENUE, Suite 1015
(P.O. BOX NOT ACCEPTABLE)
MIAMI BEACH, FL. 33139
(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



DATE

10/16/97

REGISTERED AGENT FILING FEE: \$35.00

FILED
97 OCT 17 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA