

LAZARUS CORPORATE INDUSTRIES, INC.

Requester's Name

890 S.W. 77 AVENUE, SUITE 10

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. THERAPLUS REHAB, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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97 DEC 19 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ 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 |

600002377466--8
-12/19/97-01022--031
*****78.75 *****78.75

| 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 |

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Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this corporation is **Theraplus Rehab, Inc.**

ARTICLE II, NATURE OF BUSINESS

Theraplus Rehab, Inc. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of **Theraplus Rehab, Inc.** is perpetual.

ARTICLE IV, CAPITAL STOCK

Theraplus Rehab, Inc. is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The principle address of **Theraplus Rehab, Inc.** is:

1405 SW 107th Ave
Suite 217 C
Miami, Fl 33174

and the name of the initial registered agent of this corporation at this address is **Craig D. Sanford.**

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ARTICLE VI, INITIAL DIRECTORS

Theraplus Rehab, Inc. shall have one (1) directors, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Craig D. Sanford
1405 SW 107th Ave
Suite 217C
Miami, Fl 33174

President
Director

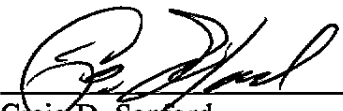
ARTICLE VII, INCORPORATOR

The name and addresses of the incorporator of this corporation is:

Craig D. Sanford
1405 SW 107th Ave Suite 217C
Miami, Fl 33174

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this
16th day of December 1997.

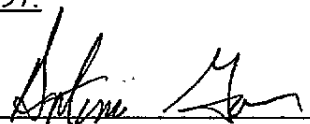
STATE OF FLORIDA)
)
COUNTY OF DADE)



Craig D. Sanford
Incorporator


Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared Craig D. Sanford, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 16th day of December 1997.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:

 ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891
☐ Personally Known ☐ Other 1 D

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

Pursuant to the provisions of section 607.0501, 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: Theraplus Rehab, Inc.

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

Craig D. Sanford

1405 SW 107th Ave Suite 217C

Miami, FL 33174

SIGNATURE

TITLE PRESIDENT

DATE December 16, 1997

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 December 16, 1997