

LAZARUS CORPORATE INDUSTRIES, INC.

Requester Name

890 S. W. 87th Avenue, Suite 5

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. HUMBERTO DE J. VAZQUEZ, D.D.S., P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 000002392170-3  
-01/07/98-01039-002  
\*\*\*78.75 \*\*\*78.75

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in  Pick up time 2:00

Mail out  Will wait  Photocopy

Certified Copy

Certificate of Service

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  
RECEIVED  
98 JAN -7 PM 2:44  
98 JAN -7 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

Examiner's Initials

# 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:

HUMBERTO DE J. VAZQUEZ, D.D.S., P.A.

THE SPECIFIC NATURE OF BUSINESS IS THE PRACTICE IN DENTISTRY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

2742 S.W. 8TH STREET, SUITE 220  
MIAMI, FLORIDA 33135

## ARTICLE III SHARES

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

500 SHARES OF STOCK, \$1.00 PAR VALUE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HUMBERTO DE J. VAZQUEZ, D.D.S.  
2742 S.W. 8TH STREET, SUITE 220  
MIAMI, FLORIDA 33135

ARTICLE V INCORPORATOR(S)

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

HUMBERTO DE J. VAZQUEZ, D.D.S.  
3038 S.W. 7TH STREET  
MIAMI, FLORIDA 33135

ARTICLE VI DIRECTOR(S)

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

HUMBERTO DE J. VAZQUEZ, PRESIDENT, SECRETARY, TREASURER  
3038 S.W. 7TH STREET  
MIAMI, FLORIDA 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5TH day of JANUARY, 19 98.

  
\_\_\_\_\_  
Signature

HUMBERTO DE J. VAZQUEZ, D.D.S.  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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: HUMBERTO DE J. VAZQUEZ, D.D.S., P.A.

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

HUMBERTO DE J. VAZQUEZ, D.D.S.

(NAME)

2742 S.W. 8TH STREET, SUITE 220

(P.O. BOX NOT ACCEPTABLE)

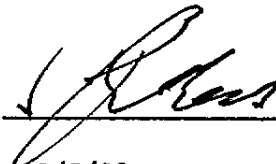
MIAMI, FLORIDA 33135

(CITY/STATE/ZIP)

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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

1/5/98