P96000043162

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. CORAL WAY NS MEDICAL CENTER, INC
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
X	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

96 MAY 21 AM 8:07

CR2E031(1/95)

Examiner's Initials SN MAY 2 1 1996

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:

Coral Way NS Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7171 Coral Way Ste # 209
Miami, Fl. 33155.

ARTICLE III SHARES

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

One thousand shares (1000) of one dollar ($1.00) par value common stock which shall be designated "Common Shares".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Sonia Rivera.
7171 Coral Way Ste # 209
Miami, Fl. 33155.

ARTICLE V INCORPORATOR(S)

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

Dr. Sonia Rivera - Mrs. Natacha Ferrer
7171 Coral Way, Ste #209
Miami, Fl. 33155

ARTICLE VI DIRECTOR(S)

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

President: Dr. Sonia Rivera
Vice President: Dr. Sonia Rivera
Treasurer: Natacha Ferrer
Secretary: Mrs. Natacha Ferrer

7171 CORAL WAY
SUITE #209
Miami, FL 33155

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

20th day of May, 1996.

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: Coral Way N.S. Medical Center, Inc

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

Dr. Sonia Rivera
(NAME)

7171 Coral Way Ste #209
(P.O. BOX NOT ACCEPTABLE)

Miami Fl 33155
(CITY/STATE/ZIP)

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 Dr. Sonia Rivera

DATE 05/20/96

REGISTERED AGENT FILING FEE: $35.00

P96000043162

LAZARUS CORPORATE INITIATIVES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE 116
Address

MIAMI, FL 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSE

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*****35.00 *****35.00
Office Use Only

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

1. CORAL WAY NS MEDICAL CENTER, INC. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
97 JAN 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- [ ] Walk in
- [x] Pick up time 2:00
- [ ] Certified Copy
- [ ] Mail out
- [ ] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

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	Other

Amendment
01/17/97

Examiner's Initials	DC

CR2E031(1/95)

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

CORAL WAY NS MEDICAL CENTER, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: **Amendment(s) adopted:** *(indicate article number(s) being amended, added or deleted)*

ARTICLE IV: THE NEW REGISTERED AGENT WILL BE:

NATACHA FERRER
7171 CORAL WAY STE:209
MIAMI, FL 33155

ARTICLE VI: DIRECTOR(S):

PRESIDENT: NATACHA FERRER

VICE-PRES: NATACHA FERRER

SECRETARY: NATACHA FERRER

TREASURER: NATACHA FERRER

7171 CORAL WAY STE:209
MIAMI, FL 33155

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97 JAN 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: **If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:**

THIRD: The date of each amendment's adoption: 09/01/96.

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by ______________________."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1st day of SEPTEMBER, 19 96.

Signature Natacha Ferrer
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

NATACHA FERRER
Typed or printed name

PRESIDENT
Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Natacha Ferrer

09/01/96
DATE