

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

300005664533--3  
-06/03/02--01040--002  
\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: UNI-MAX CARE & THERAPEUTIC MANAGMENT  
(Proposed corporate name - must include suffix) CO.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

LILI MATTC

Name (Printed or typed)

PO BOX 1263

Address

WEST PALM BEACH FL 33401

City, State & Zip

561 373 4161

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 3, 2002

LILI MATTIC  
P.O. BOX 1263  
WEST PALM BEACH, FL 33401

SUBJECT: UNI-MAXCARE & THERAPEUTIC MANAGEMENT CO.  
Ref. Number: W02000015985

We have received your document for UNI-MAXCARE & THERAPEUTIC MANAGEMENT CO.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 602A00035825

NOTE

WOULD YOU CHECK THE PAYMENT THAT  
I ALREADY SENT YOU TO VERIFY IF I  
OVERPAID TO INCORPORATE

THANK YOU

A handwritten signature, likely of Loria Poole, in dark ink.

RUSH PLEASE

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

UNI-MAX CARE & THERAPEUTIC MANAGEMENT, CO

02 JUN 18 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

### ARTICLE II PRINCIPAL OFFICE

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

120 SO OLIVE AVE STE 301

WEST PALM BEACH FL 33401-5532

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHRIS MATTIC

PO BOX 1263

WEST PALM BEACH FL 33401

NEW ADDRESS: CHRIS MATTIC

120 SO OLIVE AVE STE 301

WEST PALM BEACH FL 33401

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LILI MATTIC

PO BOX 1263

WEST PALM BEACH FL 33401

ITS 

ITS Signature/Incorporator

5/27/02

Date

(An additional article must be added if an effective date is requested.)

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.

  
ITS Signature/Registered Agent

5/27/02

Date