TRANSMITTAL LETTER

P02000073662

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

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-07/05/02--01071--002
*****87.50 *****87.50

SUBJECT: UNIMED ~~INC~~ (omit) INC. PA
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

FILED
02 JUL -8 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: GAIL M NORMAN
Name (Printed or typed)

142-40 SEA SHELL CT.
Address

CRYSTAL RIVER FL 34429
City, State & Zip

352-563-5653 352 746-4646
Daytime Telephone number

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

Gail M. Norman GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article I
DATE 7/8/02
VL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

UNIMED, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

142-40 SEA SHELL CT.
CRYSTAL RIVER, FL 34429

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOPMET OF MEDICAL ASSIST APPARATUS

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DR PARISA DESAI PRES & DIRECTOR
GABOR TAMASI VICE PRES & DIRECTOR
GAIL M. NORMAN VICE PRES & DIRECTOR

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

GAIL M. NORMAN
142-40 SEA SHELL CT.
CRYSTAL RIVER, FL 34429

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

GAIL M. NORMAN
142-40 SEA SHELL CT.
CRYSTAL RIVER, FL 34429

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gail M. Norman
Signature/Registered Agent

6/20/02
Date

Gail M. Norman
Signature/Incorporator

6/20/02
Date