

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: AFFORDABLE PROFESSIONAL SERVICES, INC.

Account Number : 120000000264 Phone

: (954)565-9929

Fax Number

: (954)565-1347

FLORIDA PROFIT CORPORATION OR P.A.

Universal Kidney Center of Pompano Beach, Inc.

Certificate of Status	0
Certified Copy	1
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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:

Universal Kidney Center of Pompano Beach, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4875 NE 20th Terrace

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact or engage in any or all activities or business permitted under the laws of the United States of America and the state of Florida.

ARTICLE IV CAPITAL STOCK

The number of shares that this corporation is authorized to have outstanding at any one time is: 100,000 shares, of \$1.00 par value, which shall be designated as "Common Shares."

ARTICLE V DIRECTORS

The number of directors constituting the initial board of directors is seven (7). The number of directors may be either increased or decreased from time to time according to the bylaws, but shall never be less than one (1). The name and address of the person or persons who are to serve as director(s) until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Elmo V. Bartolome Delilah Bartolome Philip Lefebvre
4875 NE 20th Terrace 4875 NE 20th Terrace 4875 NE 20th Terrace
Fort Lauderdale, FL 33308 Fort Lauderdale, FL 33308

Kameljit Samra Etsuko Nakamura 4100 Galt Ocean Drive, # 910 10125 NW 4th Street Fort Lauderdale, FL 33308 Plantation, FL 33324

Bharat Gupta, M.D.

401 NW 110th Avenue

Plantation, FL 33324

Juan Carbonell, M.D.

2527 SW Brookwood Lane
Palm City, FL 34990

ARTICLE VI DURATION

The corporation shall have perpetual existence commencing on the date of this filing of these Articles of Incorporation with the Florida Department of State.

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SECRETARY OF STATE

ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS TALLAHASSEE, FLORIDA

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

Elmo V. Bartolome 4875 NE 20th Terrace Fort Lauderdale, FL 33308

ARTICLE VIII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Elmo V. Bartolome 4875 NE 20th Terrace Fort Lauderdale, FL 33308

ARTICLE IX BY LAWS

The power to adopt, alter, amend or repeal the By Laws of the corporation is vested in the Board of Directors.

ARTICLE X POWERS

This corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE XI INDEMNIFICATION

This corporation shall indemnify any officer or director, or former officer or director, to the full extent permitted by law.

ARTICLE XII AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation. Articles may be amended at any time by a majority vote of the shareholders.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this <u>11⁺¹⁴</u> day of <u>WARCH</u>, 2003.

Signature / Incorporator

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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 / Registered Agent Date