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*[Handwritten signature]*  
*2/19*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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

1. Eduardo A.C. Cambó, P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
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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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 6, 2004

EXPRESS CORPORATE FILING

SUBJECT: EDUARDO A.C CAMBO' P.A.  
Ref. Number: W04000005252

We have received your document for EDUARDO A.C CAMBO' P.A.. However, the document has not been filed and is being returned for the following:

Your document is being returned as requested.

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  
Document Specialist  
New Filings Section

Letter Number: 504A00008398

Please apply this credit to be  
used in the attached

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DIVISION OF CORPORATION

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

L & P UNIVERSAL MEDICAL SERVICES INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1300 WEST 53 STREET  
APT# 30  
MIAMI, FL 33012

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

LUIS A. PEREZ (P/D)  
1300 WEST 53 STREET  
APT# 30  
MIAMI, FL 33012

### **ARTICLE VI REGISTERED AGENT**

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

LUIS A. PEREZ  
1300 WEST 53 STREET  
APT# 30  
MIAMI, FL 33012

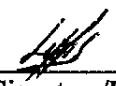
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LUIS A. PEREZ  
1300 WEST 53 STREET  
APT# 30  
MIAMI, FL 33012

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

02-17-2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

02-17-2004

\_\_\_\_\_  
Date

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