

Division of Corporations

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**P04000077043**Florida Department of State  
Division of Corporations  
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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

04 MAY 12 PM 0:38

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**FLORIDA PROFIT CORPORATION OR P.A.**

Universal Kidney Center of Pembroke Pines, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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 Pembroke Pines, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

4875 NE 20<sup>th</sup> 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 :

10,000 shares, of \$10.00 par value, which shall be designated as "Common Shares."

**ARTICLE V DIRECTORS**

The number of directors constituting the initial board of directors is four ( 4 ). 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  
4875 NE 20<sup>th</sup> Terrace  
Fort Lauderdale, FL 33308

Delilah Bartolome  
4100 Galt Ocean Drive, Suite # 910  
Fort Lauderdale, FL 33308

Max Benjamin, M.D.  
4875 NE 20<sup>th</sup> Terrace  
Fort Lauderdale, FL 33308

Philip Lefebvre  
4875 NE 20<sup>th</sup> Terrace  
Fort Lauderdale, FL 33308

**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.

**ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Elmo V. Bartolome  
4875 NE 20<sup>th</sup> Terrace  
Fort Lauderdale, FL 33308

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**ARTICLE VIII INCORPORATOR**

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

Stephen D. McCullough, CLA  
1301 East Oakland Park BLVD  
Fort Lauderdale, FL 33334

**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 12<sup>th</sup> day of May, 2004.

  
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

5/12/04  
Date

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