

PD5000014/55

(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ MAIL

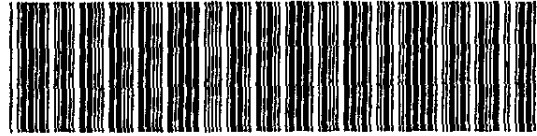
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DL 24/05--01023--075 **18 05

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B. WHITE JAN 27 2005

TRANSMITTAL LETTER

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

SUBJECT: United Healthcare Center Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Luis Manuel Luis
 Name (Printed or typed)

4602 N. Armenia Ave. Suite B-1
 Address

Tampa, Fl. 33603
 City, State & Zip

813-363-5913
 Daytime Telephone number

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

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:

United Healthcare Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4602 N.Armenia Ave. Suite B-1
Tampa, Fl. 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Clinic

ARTICLE IV SHARES

The number of shares of stock is:

10,000 (Ten Thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis Manuel Luis
4602 N. Armenia Ave. Suite B-1
Tampa Fl. 33603
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

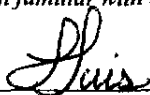
Luis Manuel Luis
4602 N. Armenia Ave. Suite B-1
Tampa, Fl. 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luis Manuel Luis
4602 N. Armenia Ave. Suite B-1
Tampa, Fl. 33603

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

1-20-05

Date



Signature/Incorporator

1-20-05

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA