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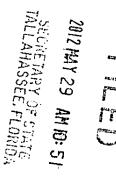
(Requestor's Na	me)			
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J. STAN BISHMES.L

COVER LETTER

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

SUBJECT: UNIVERSAL HEALTH ASSOCIATES, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
(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	
FROM: ADEILSON JORGE Name (Printed or typed)	
7901 W MCNAB RD	
Address	N .
TAMABAC, FLORIDA 33321 City, State & Zip	2012 HAY 20
954-724-3668 Daytime Telephone number	-
ADEIL SONJORGE 2007 @ AOL COM E-mail address: (to be used for future annual report notification)	

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 The name of the cor	MANNE	TH ASSOCIATES, INC	
, , , , , , , , , , , , , , , , , , , ,	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Mailing of	Idress, if different is:
70	901 W MCNAB RD	ivianing ac	diess, il different is.
	AMARAC.FL		
	3321		
ARTICLE III			
* *	nich the corporation is organized is:		
PROVIDE HE	ALTH CARE SERVICES		
	<u>Shares</u>		
The number of share	es of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
	ie ADEILSON JORGE- PRESIDI		
Address:	7901 W MCNAB RD		
	TAMARAC,FL 33321		
	·		
Name and Tit	da.	Name and Title:	
Address:	ile:		
Addiess.		Addless.	
	le:	Name and Title:	
Address:		Address:	
			5 8
			2012
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flor</u>	ida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	ADEILSON JORGE		83 N
Address:	7901 W MCNAB RD		₩C
	TAMARAC,FL 33321		
ARTICLE VII	INCORPORATOR		5 a [7
	ress of the Incorporator is:		AH IO: 51
Name:	ADEILSON JORGE		977
Address:	7901 W MCNAB RD TAMABAC,FL 33321		
Having been named	d as registered agent to accept service of p	process for the above stated corpor	ration at the place designated in
inis cerujicuie, 1 um	familiar with and accept the appointment	as regisierea agent ana agree to ac	t in this capacity
			05/18/10/0
	Required Signature/Registered Ager	nt .	05/18/10/2 Date
I submit this docum	nent and affirm that the facts stated here		
document to the De	partment of State constitutes a third degree	felony as provided for in s.817.155	5, F.S.
	//~=	- •	
			05/18/12 Date
	Required Signature/Incorporator	······································	Date