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2012 MAY 29 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 30 2012

## 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)

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

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

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

FROM: ADEILSON JORGE  
Name (Printed or typed)

7901 W MCNAB RD  
Address

TAMARAC, FLORIDA 33321  
City, State & Zip

954-724-3668  
Daytime Telephone number

ADEILSON.JORGE2007@AOL.COM  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

**UNIVERSAL HEALTH ASSOCIATES, INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7901 W MCNAB RD  
TAMARAC, FL  
33321

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PROVIDE HEALTH CARE SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title: ADEILSON JORGE- PRESIDENT

Address: 7901 W MCNAB RD  
TAMARAC, FL 33321

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ADEILSON JORGE

Address: 7901 W MCNAB RD  
TAMARAC, FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADEILSON JORGE

Address: 7901 W MCNAB RD  
TAMARAC, FL 33321

*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*

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

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

\_\_\_\_\_  
Date

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