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SECRETARY OF STATE
LAULAGE TO DRIDA

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

500001457356 04/14/95--01114--001 ****122.50 ****122.50

SUBJECT:	YMEDI	X, INC	, b		
(F	Proposed corporate i	name i must include su	ffix)		
Enclosed is an original and one (1) copy of the articles of incorporation and a check					
\$70.00 Filing Fee	\$78.75	\$122.50	[]\$131.25		
rang ree	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
		Additional Copy			
FROM:	UMED Name (p	orinted or typed)	GILBERT N	1. SILBIGER M.D. PRESIDENT.	
	11171/	V. W. 26"	# DRIVE	, 4-3,, 1-1	
CORAL SPRINGS, FL 33065 City, State & Zip					
	<u> 305-75</u>	52-4250			
	305-3	elephone number 40 - 5500	AFTER.	MAY 1, 1995	
		19			
		APR ## 1995	APR 19	1995	

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

me the certification Beg The company tes possi Gelbert M. Sellinger M.D

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
LARASSES LORINA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business (orporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

UMEDIX, INC.

ARTICLE II PRINCIPAL OFFICE

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

11171 N. W. 26 TH DRIVE CORAL SPRINGS, FL 33065

ARTICLE III SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

GILBERT N. SILBIGER M.D. 11171 N.W. 26 TH DRIVE GRAL SPRINGS, FLA 33065

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GILBERT N. SILBIGER M.D. TRESIDENT 11171 N.W. 26TH DRIVE CORAL SPRINGS, FL. 33065

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	UMEDIX, Zuc, 1955 T			
2. The name and address of the regis	tered agent and office is:			
GILBER	27 N. SILBIGER M.D.			
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)				
CORAL	SPRINGS, FL 33065			

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.

Silver Signature) APRIL 12, 1995
(SIGNATURE) (DATE)