

P9500060421

LACARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE: 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE  
(904)385-6715

OFFICE USE ONLY

100001556671  
-08/09/95--01097--016  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNITED CENTER OF MEDICINE, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

August 3, 1995

Sandra B. Mortham  
Secretary of State

LAZARUS

MIAMI, FL

SUBJECT: UNITED CENTER OF MEDICINE, INC.  
Ref. Number: W95000015669

We have received your document for UNITED CENTER OF MEDICINE, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 095A00036600

ARTICLES OF INCORPORATION  
OF

UNITED CENTER OF MEDICINE, INC.

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

ARTICLE I NAME

The name of the corporation shall be:  
UNITED CENTER OF MEDICINE, INC.

The principal place of business of this corporation shall be: 1801 W 49TH AVE #307 HIALEAH, FL 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$5.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ANGEL MORERA.  
PRES./ V.PRES./ SEC./ TRES.  
7400 W 20TH AVE  
HIALEAH, FL 33016

FILED  
55 AUG -4 PM 2:50  
HIALEAH, FL

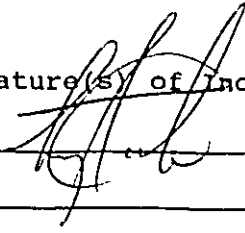
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ANGEL MORERA  
1801 W. 49 STREET #307  
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25TH day of JULY, 1995.

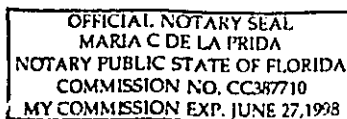
Signature(s) of Incorporator(s)

 DRIVER'S LICENSE KNOWN  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DADE


THE FOREGOING instrument was acknowledged and sworn to before me this 25th day of July, 1995, by Angel Morera  
(Name of Incorporator)

of UNITED CENTER OF MEDICINE, INC.  
(Name of Corporation)



( SEAL )

Notary Public

  
MARIA C. DE LA PRIDA

CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: UNITED CENTER OF MEDICINE, INC.

2. The name and address of the registered agent and office is:

\_\_\_\_\_ ANGEL MORERA \_\_\_\_\_

\_\_\_\_\_ 7400 W 20TH AVE APT 121 \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE)

\_\_\_\_\_ HIALEAH, FL 33016 \_\_\_\_\_  
(CITY/STATE/ZIP CODE)

Signature \_\_\_\_\_  
(Corporate Officer)

Title \_\_\_\_\_ PRESIDENT \_\_\_\_\_

Date \_\_\_\_\_ JULY 25TH, 1995 \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature \_\_\_\_\_  
(Registered Agent)

Date \_\_\_\_\_ JULY 25TH, 1995 \_\_\_\_\_

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