

8/29/95

ARTICLES OF INCORPORATION  
OF  
ULTIMATE MEDICAL CENTER INCORPORATED

FILED  
STATE  
INCORPORATIONS  
95 AUG 22 PM 2:00

We, the undersigned incorporators of this corporation under chapter 607, Florida Statutes, as amended, adopt the following articles of Incorporation.

ARTICLE 1

The name of this corporation is: Ultimate Medical Center Incorporated.  
Both the principal address and registered office address of this corporation is:

2150 N.W. 21st Street  
Miami, Florida 33142

ARTICLE 2

The duration of the corporation shall be perpetual.

ARTICLE 3

The general nature of the business to be conducted by this corporation is to engage in the transaction of any or all lawful business for which corporation may be incorporated pursuant to the laws of the state of Florida.

ARTICLE 4

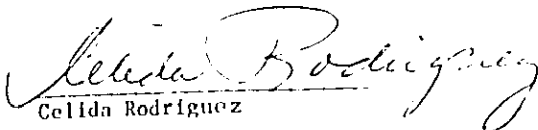
The aggregate number of shares that the corporation shall have authority to issue is one hundred (100) Shares of class A stock which stock shall be without par value. In the event of an increase in the number of authorized shares of class A stock, the holders of such stock in the corporation at the time outstanding, shall have exclusive right to subscribe pro rata to their holding, for the class A stock to be issued.

ARTICLE 5

The initial registered agent and the street address of the initial registered agent of the corporation is:

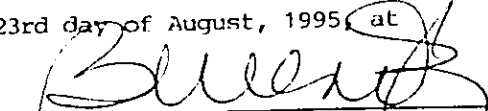
Celida Rodriguez  
2150 N.W. 21st Street  
Miami, Florida 33142

I am hereby familiar with and accept the duties and responsibilities as registered agent for said corporation.

  
Celida Rodriguez

SWORN TO AND SUBSCRIBED before me this 23rd day of August, 1995, at  
Miami, Dade County, Florida.

My commission expires:

  
Name: BRONY MENDEZ

ARTICLE 6

The number of Directors constituting the initial Board of Directors shall be one and the name and address of this person is to serve as a member as a member there of is as follows:

Celida Rodriguez  
9534 S.W. 143rd Pl.  
Miami, Florida 33186

ARTICLE 7

The board of Directors of this corporation shall conduct the business of the corporation and shall be responsible for the management of the affairs of the corporation. All decisions affecting the business or management of the corporation shall be by unanimous consent of the Board of Directors.

ARTICLE 8

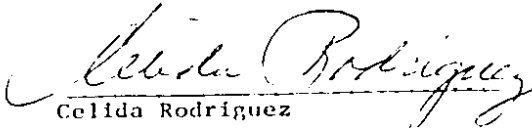
The name and address of the Incorporator is:

Celida Rodriguez  
9534 S.W. 143rd Pl.  
Miami, Florida 33186

ARTICLE 9

In the absence of fraud, no contract or other transaction between this corporation and may other person, corporation, firm, association or partnership shall be affected or invalidated by the fact that any director or officer of this corporation is pecuniarily or otherwise interested in or is a director, member or officer of any such other corporation, firm, association or corporation pecuniarily or otherwise interested therein. Any director may be counted in determining the existence of a quorum at any meeting of the Board of Directors of this corporation for the purpose of authorizing any such contract or transaction with like force and effect as if were so interested, or were not a director, member or officer of such corporation, firm, association, or partnership.

Dated this 23<sup>rd</sup> day of August 1995.

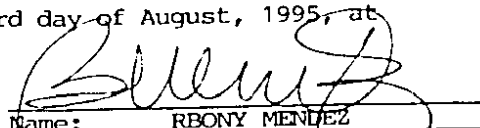
  
Celida Rodriguez  
President

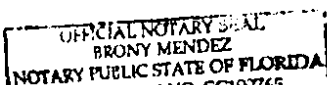
State of: FLORIDA

County of: DADE

SWORN TO AND SUBSCRIBED Before me this 23rd day of August, 1995, at Miami, Dade County, Florida.

My commission expires:

  
Name: RBONY MENDEZ  
NOTARY PUBLIC, State of Florida



95 AUG 23 PM 2:03  
NOTARY PUBLIC  
STATE OF FLORIDA

P95000066734

LAZARUS 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

Office Use Only

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

1. ULTIMATE MEDICAL CENTER INCORPORATED  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 9:100

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

AMENDMENTS	
<input checked="" 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

FILED  
96 MAY 22 PM 12:41  
RECEIVED  
96 MAY 22 AM 10:54  
DIVISION OF CORPORATION

77789, 00542, 00612



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

May 22, 1996

Lazarus Corporate Industries, Inc.  
890 S.W. 87 Avenue  
Suite 16  
Miami, FL 33174

SUBJECT: ULTIMATE MEDICAL CENTER INCORPORATED  
Ref. Number: P95000066734

We have received your document for ULTIMATE MEDICAL CENTER INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 396A00025620

RECEIVED  
56 MAY 22 11:10:48  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
96 MAY 22 PM 12:41  
TALLAHASSEE  
FLORIDA

ULTIMATE MEDICAL CENTER INCORPORATED  
(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE 6 THE NEW BOARD OF DIRECTOR WILL NOW BE:

- (1) Jose Antonio Elguezabal  
President and Secretary, holding 49 % of stock
- (2) Anna Zampano  
Vice-President and Treasurer holding 51 % of stock

ADDRESS: 2150 N.W. 21 STREET  
MIAMI, FL 33142

ARTICLE 5 THE NEW REGISTERED AGENT WILL NOW BE:

Jose Antonio Elguezabal  
2150 N.W. 21 STREET  
MIAMI, FL. 33142

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: April 23rd, 1996

FOURTH: Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23rd day of April, 1996

Signature

Celida M. Rodriguez  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Celida M. Rodriguez

Typed or printed name

PRESIDENT

incorporator  
Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

José A. Elguizabal  
4-23-1996  
DATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DEPARTMENT OF CORPORATIONS

DOCUMENT # P95000066734

1. Corporation Name

ULTIMATE MEDICAL CENTER INCORPORATED

Principal Place of Business

2150 N.W. 21ST STREET  
MIAMI FL 33142

Mailing Address

2150 N.W. 21ST STREET  
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/1995

5. F.E.B. Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSD	ELGUEZABAL, JOSE ANTONIO	2150 N.W. 21 STREET	MIAMI FL 33142
VTD	ZAMPANO, ANNA	2150 N.W. 21 STREET	MIAMI FL 33142

00001973251--3  
-10/17/96--01093--012  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

ELGUEZABAL, JOSE ANTONIO  
2150 N.W. 21ST STREET  
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that I am an officer or director of the above named corporation, and am familiar with, and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Jose A. Elguezabal*

REGISTERED AGENT MUST SIGN

Date

9-16-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

I, the undersigned, being an officer or director of the above named corporation, do hereby certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose A. Elguezabal*

9/16-96  
Date

303-  
324-1211  
Daytime Phone #