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1492 W FLAGLER ST
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MIAMI FL 33135- 0-0000
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H96000008175))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: D L P MEDICAL UNLIMITED, INC.
FAX AUDIT NUMBER: H96000008175 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/11/1996 TIME REQUESTED: 15:00:33
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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ARTICLES OF INCORPORATION

OF

D L P MEDICAL UNLIMITED, INC.

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

ARTICLE I NAME

The name of the corporation shall be: D L P MEDICAL UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

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

1460 N.W. 107th Avenue
Suite P
Miami, Fl 33172

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 (Five Hundred) $ 1.00 Par Value

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ZANDRA ALVAREZ
2028 SW 12 Street
Miami, Fl 33135

PREPARED BY: MARCOS Guerra, CPA
3663 SW 8 St. #210
Miami, Fl 33135
305-447-1426

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ARTICLE V INCORPORATOR(S)

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

ZANDRA ALVAREZ - PRESIDENT - 2028 S.W. 12th Street
Miami, Florida 33125

DOMINGO RAMOS - VICE-PRESIDENT - 2431 N.W. 4th Street
Miami, Florida 33125

The undersigned has(have) executed these Articles of Incorporation this

5 day of JUNE, 19 96.

Zandra Alvarez
Signature/Title ZANDRA ALVAREZ - PRESIDENT

Signature/Title DOMINGO RAMOS - VICE-PRESIDENT

Signature/Title

STATE OF Florida
COUNTY OF Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 5 DAY OF June, 1996 BY Zandra Alvarez & Domingo Ramos OF [illegible] Miami Fl

NOTARY PUBLIC

My Commission Expires:

OFFICIAL NOTARY SEAL
NANCY ORTIZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC391677
MY COMMISSION EXP. JUNE 5,1997

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: D L P MEDICAL UNLIMITED, INC.

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TALLAHASSEE, FLORIDA

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

ZANDRA ALVAREZ
(NAME)

2028 S.W. 12 Street
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33125
(CITY/STATE/ZIP)

SIGNATURE (corporate officer) Domingo Ramos

TITLE V. PRESIDENT

DATE June 5, 1996

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.

SIGNATURE Zandra Alvarez
ZANDRA ALVAREZ

DATE June 5, 1996

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