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TO: DIVISION OF CORPORATIONS

FAX #: (904) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3694

ACCT#: 072450003255

FAX #: (305) 541-3770

NAME: UNITED MEDICAL GROUP OF SO. FLORIDA, INC.

AUDIT NUMBER.....H96000016922

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

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ARTICLES OF INCORPORATION

④

OF

UNITED MEDICAL GROUP OF SO. FLORIDA, 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: UNITED MEDICAL GROUP OF SO. FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

7990 S.W. 24th Street  
Miami, Florida 33155

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (One Thousand) of \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARIA MARTINEZ  
7990 SW 24th Street  
Miami, Florida 33155

Marcos A. Guerra, CPA  
3663 SW 8 St. # 210  
Miami, FL 33135  
(305) 447-1426

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STATE OF FLORIDA  
CORPORATE DIVISION

H96000016922

**ARTICLE V INCORPORATOR(S)**

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

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| MIGUEL LEON - PRESIDENT -   | 3950 SW 58th Ct.<br>Miami, FL 33155           |
| YOLANDA LOFTS - VICE-PRES.  | 19600 SW 115th Avenue<br>Miami, Florida 33155 |
| MARIA MARTINEZ- SECRETARY - | 7990 SW 24th Street<br>Miami, Florida 33155   |

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

14 day of November, 1996

[Signature]  
Signature/Title Miguel Leon/President

[Signature]  
Signature/Title Yolanda Lofts/Vice-Pres.

[Signature]  
Signature/Title Maria Martinez/Secretary

\_\_\_\_\_  
Signature/Title

STATE OF Florida  
COUNTY OF Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 14 DAY OF November, 1996 BY Miguel Leon, Yolanda Lofts & Maria Martinez OF United Medical Group of S.F.L.C.

NOTARY PUBLIC

[Signature]

My Commission Expires: \_\_\_\_\_



LED SIGNATURE  
My Comm Exp. 3/31/98  
Bonded By Service Inc  
No. 0030470

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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 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 MEDICAL GROUP OF SO. FLORIDA, INC.

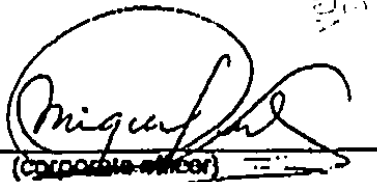
2. The name and address of the registered agent and office is:

MARIA MARTINEZ  
(NAME)

7990 SW 24th Street  
(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33155  
(CITY/STATE/ZIP)

SIGNATURE

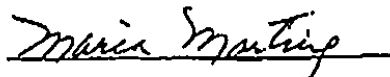
  
(Corporate Officer)

TITLE

DATE 11/14/96

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



DATE 11/14/96

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Requestor's Name

Miguel Leon  
3060 S. W. 6th Ct.  
Miami, FL 33165 6000

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input 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                                 |

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

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

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TALLAHASSEE, FLORIDA

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Examiner's Initials

LFT

Florida Department of State, Sandra B. Mortham, Secretary of State

**OFFICER / DIRECTOR RESIGNATION**

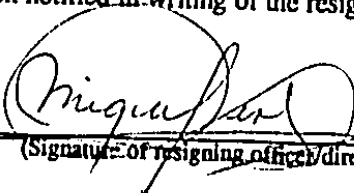
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MIGUEL LEON, hereby resign as PRESIDENT  
(Title)

of UNITED MEDICAL GROUP OF SO. FLORIDA, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**