P96000097493

10:15 AM PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
(H960001692[illegible])

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255
CONTACT: RAY STORMONT
PHONE: (305)541-3694 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 DEL.METHOD.. FAX
EST.CHARGE.. $122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
Help F1 Option Menu F2 NUM Connect: 00:02:33

FILED
96 DEC -3 PM 2:30

DEC-03-1996 10:31 EMPIRE CORPORATE KIT P.01/23

294542004

H96000016922

④

ARTICLES OF INCORPORATION

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

FILED
96 DEC -3 PM 12:53

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) 447.1420

H96000016922

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. Miami, Fl 33155
YOLANDA LOFTS - VICE-PRES.-	19600 SW 115th Avenue Miami, Florida 33155
MARIA MARTINEZ- SECRETARY -	7990 SW 24th Street Miami, Florida 33155

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

14 day of November, 1996.

Miguel Leon
Signature/Title Miguel Leon/President

Yolanda C. Lofts
Signature/Title Yolanda Lofts/Vice-Pres.

Maria Martinez
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. Inc.

NOTARY PUBLIC

LEO SHOMEKER
My Comm Exp. 3/98/00
Bonded By Service Ins
No. CC390470

My Commission Expires:

H96000016922

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: 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

P96000097493

Requestor's Name

Miguel Leon
3060 S. W. 84th Ct.
Miami, FL 33155-5009

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 #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

700232356837--5
-07/11/97--01029--013
*****35.00 *****35.00

FILED
97 JUL 11 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-16-97
Aff Res

CR2E031(1/95)

Examiner's Initials	LFT

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

OFFICER / DIRECTOR RESIGNATION

FILED
97 JUL 11 AM 10:36
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.

Miguel Leon

(Signature of resigning officer/director)

FILING FEE IS $35.00

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

CR2E044(10/96)