FAX #: (904)922-4001

DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

CONTACT: RAY STORMONT

PHONE: (305) 541-3694

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

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EMPTRE CORPORATE KIT

TE:01 9661-E0-

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ARTICLES OF INCORPORATION

4

<u>OF</u>

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 edopt(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 malling address of this corporation shall be:

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. Guera, CPA 3663 SW B St. # 210 Miami, Fl. 33135 (305) 447.1426

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EMPIRE CORPORATE KIT

DEC-03-1886 10:25

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 Nov	ember	19 96	•
		•	(Ving	urfant	<u>)</u>
		4	Jalen	majorogula my go Ju C. Ta	Leon/President
			Sig	nalure/Title Yol	anda Lofts/Vice-Pres.
•			mari	maiting	
•	•		Sig	nature/Title Mar	ia Martinez/Secretary
	4	_			
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COUNTY	OF				
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED DEFICE

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. 1	The name of the corporation is: UNITED MEDICAL GROUP OF SO.FLORIDA, INC.
2. 1	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
	(CNY/STATE/ZIP)
	SIGNATURE (COLDOCALO MEOR) =
	TITLE
	DATE 11/14/96
PR TH AN PR	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF COCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN ITS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE COVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERPORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE Marin marting
	DATE

EMPIRE CORPORATE KIT

P.04/23