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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839

ACCT#: 071001002335

FAX #: (305) 716-0346

NAME: ~~UNITED MEDICAL SERVICES, INC.~~
Greater United Medical Services, Inc.

AUDIT NUMBER.....H97000016794

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

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED
97 OCT -9 PM 2:29
SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

H97000016794

CERTIFICATE OF INCORPORATION

OF

FILED

97 OCT -9 PM 2:29

GREATER UNITED MEDICAL SERVICES, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: GREATER UNITED MEDICAL SERVICES, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be 2329 Coral Way, Miami, Florida 33145.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICER</u>	<u>POST OFFICE ADDRESS</u>
BRIDGET PENICHER	President	2329 Coral Way Miami, Florida 33145

7. The name and post office address of the subscriber to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
BRIDGET PENICHER	50	\$500.00

Prepared By: DANIEL M. KEIL, P.A.
3165 West 4th Ave.
Hialeah, Florida 33012
(305) 883-6600
FLB# 181663

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B. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Agent for the corporation and his address is 3165 West 4th Avenue, Hialeah, Florida.


IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 26 day of September, 1997, for the uses and purposes aforesaid.


BRIDGET PENICHET, PRESIDENT

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared BRIDGET PENICHET, describer and person described in who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, [☒] who is personally known to me or [] who produced the following identification _____ and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 26th day of September, 1997.


Notary Public, State of FL.

My Commission Expires:



DANIEL M. KEIL
My Comm. Exp. 5/10/2001
Bonded by Service NC
PA 00645787
117 Perry St. Miami (1102412)

TOTAL P.03

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the
following is submitted:

GREATER UNITED MEDICAL SERVICES, INC.

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business at the City of Miami,
State of Florida, has named DANIEL M. KEIL, Esq. located at 3165
West 4th Avenue, Hialeah, Florida, as its Agent to accept service
of process within Florida.


CORPORATE OFFICER

TITLE _____

DATE September 26, 1997

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES.


RESIDENT AGENT

DATE 9-26-97

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