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PA7000091746

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. Unicare Health Center of Hialeah, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 400002329064--2
-10/24/97--01076--015
*****78.75 *****78.75

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" 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 |

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

| REGISTRATION/ 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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97 OCT 24 AM 11:13
DIVISION OF CORPORATION

CR2E031(1/93)

K. Rolfo OCT 24 1997

Examiner's Initials

Date OCTOBER 21, 1997

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re UNICARE HEALTH CENTER OF HIALEAH, INC., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

UNICARE HEALTH CENTER OF HIALEAH, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION

1005 EAST 4 AVE

HIALEAH, FLORIDA 33010

PHONE

(305) 269-1515

Area Code

Phone Number

Ext.

ARTICLES OF INCORPORATION

of

UNICARE HEALTH CENTER OF HIALEAH, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

UNICARE HEALTH CENTER OF HIALEAH, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

| | | | |
|---------|-----------------|---------------|-----------|
| NAME | DAVID OLIVA | | |
| ADDRESS | 1005 EAST 4 AVE | | |
| CITY | HIALEAH | STATE FLORIDA | ZIP 33010 |

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|--|---------------|-----------|
| NAME | UNICARE HEALTH CENTER OF HIALEAH, INC. | | |
| ADDRESS | 1005 EAST 4 AVE | | |
| CITY | HIALEAH | STATE FLORIDA | ZIP 33010 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | |
|---------|-----------------|-------------------------|
| NAME | DAVID OLIVA | PRESIDENT |
| ADDRESS | 1005 EAST 4 AVE | |
| CITY | HIALEAH | STATE FLORIDA ZIP 33010 |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

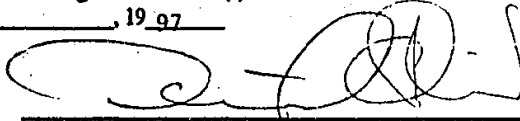
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|-----------------|-------|---------|
| NAME | DAVID OLIVA | | |
| ADDRESS | 1005 EAST 4 AVE | | |
| CITY | HALEAH | STATE | FLORIDA |
| ZIP | 33010 | | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| ZIP | | | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| ZIP | | | |

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 21 day of OCTOBER, 19 97



(Seal)

(Seal)

(Seal)

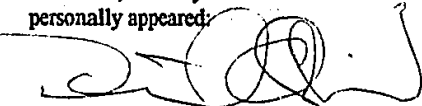
STATE OF FLORIDA

)
SS

COUNTY OF DADE

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

DAVID OLIVA



Signature

FL DL#0410-160-77-457-0

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
JORGE BANOS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC610933
MY COMMISSION EXP. JAN. 14, 2001

Witness my hand and official seal in the County and State last aforesaid this

21 day of OCTOBER, 19 97

Notary Signature

JORGE BANOS

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

***CERTIFICATE OF REGISTERED AGENT
OF***

UNICARE HEALTH CENTER OF HIALEAH, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 1005 EAST 4 AVE

HIALEAH, FLORIDA 33010

has named DAVID OLIVA

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.



(registered agent)

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