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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

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

1. Unique Medical Diversity, inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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

K. Rolfe JAN 30 1998

FILED  
98 JAN 30 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
98 JAN 30 AM 11:58  
DIVISION OF CORPORATION

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
UNIQUE MEDICAL DIVERSITY, INC.**

FILED  
98 JAN 30 PM 4: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned; for the purpose of forming a corporation under the FEDERAL GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation.

**ARTICLE ONE  
NAME**

The name of the corporation is UNIQUE MEDICAL DIVERSITY, INC.

**ARTICLE TWO  
DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE THREE  
PURPOSE**

The corporation may transact any and all lawful business for the purpose of a Medicaid Provider to be incorporated under the Laws of the STATE OF FLORIDA.

**ARTICLE FOUR  
PLACE OF BUSINESS**

The principal place of business of the Corporation shall be at 21304 SW 92 Avenue, Miami, FL 33189 with privilege of having branch offices within and without the State of Florida.

**ARTICLE FIVE  
CAPITAL STOCK**

The maximum number of shares which the corporation has authority to issue is 1000, all of which shall be common shares with \$1.00 par value.

**ARTICLE SIX  
INITIAL REGISTERED AGENT AND ADDRESS**

The street address of the initial registered office of the corporation shall be the SAME as the principal office and the name of the initial registered agent at such address is CARY GONZALEZ.

**ARTICLE SEVEN  
PREEMPTIVE RIGHTS**

The Shareholders shall have Preemptive Rights.

**ARTICLE EIGHT  
INITIAL DIRECTOR AND OFFICER**

7.01 The Board of Directors of the corporation shall consist of one member.

7.-2 The name and address of the initial Director of the Board:

<u>Name</u>	<u>Address</u>
CARY GONZALEZ PRESIDENT	21304 SW 92 AVENUE MIAMI, FLORIDA 33189

7.03 The initial Director will also serve as the initial President

**ARTICLE NINE  
INCORPORATOR**

<u>Name</u>	<u>Address</u>
CARY GONZALEZ	21304 SW 92 AVENUE MIAMI, FLORIDA 33189

The undersigned has executed these Articles of Incorporation this 23 day of \_\_\_\_\_  
\_\_\_\_\_ 1998.

C. Gonzalez  
PRESIDENT  
Signature

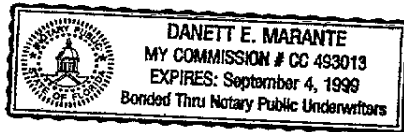
STATE OF FLORIDA

COUNTY OF DADE

Before me the undersigned authority personally CARY GONZALEZ who is personally known by me and he acknowledged before me that he signed the foregoing Certificate of Incorporation for the purposes therein expressed.

msword\uniq.corp

  
Notary Public

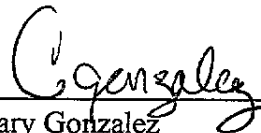


**REGISTERED AGENT**

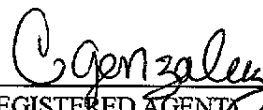
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED:

FIRST THAT: UNIQUE MEDICAL DIVERSITY, 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 CARY GONZALEZ LOCATED AT 21304 SW 92 Avenue, Miami, FL 33189 CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

  
\_\_\_\_\_  
Cary Gonzalez  
TITLE: PRESIDENT  
DATE: 1/23/98

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

SIGNATURE   
\_\_\_\_\_  
(REGISTERED AGENT)  
DATE: 1/23/98

ms.word\rg

FILED  
98 JAN 30 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA