

Chapter Number Only

011-98

All IN ONE PARalegal

Requestor's Name

5367 W. 23 Ct.

Address

Hialeah FL 33016

City

State

ZIP

Phone

(305) 556-0129

VALIDATION ONLY

0000002642910--0  
-09/18/98--01006--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

UNlimited Physicians Group INC



Empire Toll Free: 1-800-432-3028

FILED  
98 SEP 18 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
98 SEP 18 AM 9:19  
DEPARTMENT OF BANKING AND FINANCE  
TALLAHASSEE FLORIDA

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Will Wait          | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In  | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

## ARTICLES OF INCORPORATION

We, the undersigned, as proper person (s) acting as incorporators under the Laws of the State of Florida, adopt the following Articles of Incorporation:

### FIRST

The name of the corporation is:

"UNLIMITED PHYSICIANS GROUP INC."

### SECOND

The period of its duration is: PERPETUAL

### THIRD

The purpose of the corporation is : TO TRANSACT IN ANY LEGAL BUSINESS.

### FOURTH

The aggregate number of authorized shares is:

100 \$1.00 Par Value

### FIFTH

The corporation will not commence business until at least \$ 100.00 dollars have been received by it as consideration for the issuance of shares

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**SIXTH**

Cummulative voting of shares are not authorized.

**SEVENTH**

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: NONE

**EIGHTH**

Provisions for regulating the internal affairs of the corporation are:  
CONTAINED IN THE BY-LAWS.

**NINTH**

The address of the initial registered office of the corporation is:

5050 NW 7TH ST , MIAMI FLA. 33165

And the name of its initial registered agent at such address is:

ALBERTO CARLOS FEBRE


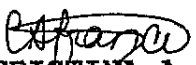
**TENTH**

Address of the principal place of business:

5050 NW 07TH STREET # 802, MIAMI FLA. 33123

#### ELEVENTH

The number of Directors constituting the initial Board of Directors of the corporation is 2 , the names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and shall qualify are:

NAME	ADDRESS
 ALBERTO CARLOS FEBRE	C/O COMPANY
 CRISTINA A. FRANCO	C/O COMPANY

#### TWELFTH

The name and address of each incorporator is:

NAME	ADDRESS
ALBERTO CARLOS FEBRE	C/O COMPANY
CRISTINA A FRANCO	C/O COMPANY

DATE: SEPTEMBER 14TH 1998

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

1. The name of the corporation is :

**UNLIMITED PHYSICIANS GROUP INC.**

2. The name and address of the registered agent and office is:

**ALBERTO CARLOS FEBRE  
5050 NW 7TH STREET # 805  
MIAMI FLA. 33123**

SIGNATURE: 

TITLE: **PRESIDENT**

DATE: **SEPTEMBER 14TH 1998**

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: **SEPTEMBER 14TH 1998**

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