

CORPORATION(S) NAME

Unim	ed - DeerFie	eld	went	INC
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ARTICLES OF INCORPORATION OF UNIMED - DEERFIELD WEST INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

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SECRETARY OF STATE
TALLAHASSEE FLORING

UNIMED - DEERFIELD WEST INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

676 W PROSPECT RD FT LAUDERDALE, FL 33309

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

JOY PENN
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOY PENN
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

The undersigned has (have) executed these Articles of Incorporation this 28^{TH} day of <u>JULY</u>, 1999.

SIGNATURE & TITLE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

UNIMED - DEERFIELD WEST INC

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

JOY PENN
676 W PROSPECT RD
FT LAUDERDALE, FL 33389

SIGNATURE (corporate officer)

TITLE flee
DATE 7/2899

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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

DATE

PREGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE OR OF STAT