OFFIC SE ONLY RUS CORPORATE FILING

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

09/23/99--01054--009 *****78.75 *****78.75

Examiner's Initials

OFFICE USE ONLY

PRPORATION NAME(s) & D	OCUMENT NUMBER(S) (if known):	
UNLIMITED	MEDICAL, INC. PER &	
(Corporation Name)	(Document #)	- て
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(Corporation Name)	(Document #)	
Walk in Pick up time	2.10 Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS Profit NonProfit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	The state of the state of
Other	Merger	
OTHER FILNGS Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign Ca / 2 3	
Name Reservation	Limited Partnership/	

Trademark

Other

ARTICLE OF INCORPORATION

OF

UNLIMITED MEDICAL, INC.

ARTICLE I.

NAME

The Name of The Corporation Is Unlimited Medical, Inc.

ARTICLE II.

TERM OF CORPORATE EXISTENCE

The Corporation shall exist perpetually unless dissolved according to law and such existence shall commence at the time of the filling of these Articles of Incorporation by the Department of State.

ARTICLE III.

PERMITTED ACTIVITY

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV.

AUTHORIZED SHARES

The aggregate number of shares which the Corporation shall have authority to issue shall be One Thousand (1,000) of voting common stock with \$1.00 par value per share.

ARTICLE V.

PREEMPTIVE RIGHTS DENIED

No holder of any shares of the Corporation shall have any preemptive right to purchase, subscrive for or otherwise acquire any shares of the Corporation of any class now or hereafter authorized, or any securities, exchangeable for or convertible into such shares,



or any warrants or any instruments evidencing rights or option to subscribe for, purchase, or otherwise acquire such shares.

ARTICLE VI.

PRINCIPAL OFFICE

The principal location of the Corporation is 7670 S.W. 152 Ave Suite 107, Miami, Florida 33193.

ARTICLE VII.

REGISTERED OFFICE AND AGENT

The initial registered office of the Corporation is Otto Oliva. The initial registered agent at that address is 3300 S.W. 25 St, Miami, FL 33133

ARTICLE VIII.

DIRECTORS

The business of the Corporation shall be managed by a Board of Directors consisting of least one person, the exact number to be determined from time to time in accordance with the By-Laws. The name and address of the first board of directors who shall serve until the first annual meeting of shareholders or until his successors are elected and qualified shall be:

NAME ADDRESS

Jorge Vega 7670 SW 152 Ave #107

Miami, FL 33193

Jose M. Garcia, Jr. 7670 SW 152 Ave #107 Miami, FL 33193

ARTICLE IX.

INCORPORATOR

The name and address of the incorporator is: Jorge Vega 7670 SW 152 Ave #107, Miami, Florida 33193

ARTICLE X.

INDEMNIFICATION

The Corporation shall indemnify any present or former officer or director, or person exercising powers and duties of a director, to the full extent now or hereafter permitted by law. In WITNESS WHEREOF, the undersigned, being the original incorporator of the Corporation, has executed these Article of incorporation this 22nd day of September 1999.

Jorge Vega

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:

Unlimited Medical, Inc.

2. The name and address of the Registered Agent and office is:

Otto Oliva 3300 SW 25 ST, Miami, Florida 33133

SIGNATURE:

TITLE ($Q_{OC} =$

DATE:

Having been names 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 of 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 positions as registered agent.

SIGNATURE:

DATE:

STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, Jorge Vega to me well known and well known to me to be the person who executed the foregoing instrument and acknowledged before me that he executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my official seal on this 22^{nd} day of September 1999.

NOTARY PUBLIC, State of

Florida at Large

DIANA MESTR
COMMISSION # CC626399
EXPIRES MARCH 3, 2001

My Commission Expires:

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