### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# PUZ000064239

Pablo Medical Therapy Clinic

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	RA Resignation 5
	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
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#### ARTICLES OF INCORPORATION

OF

## PABLO MEDICAL THERAPY CLINIC, INC.

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

#### ARTICLE I: NAME

The name of the corporation is PABLO MEDICAL THERAPY CLINIC, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2766 W. Oakland Park Blvd., FT. Lauderdale, FL 33311.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Margaret Paul, 2766 W. Oakland Park Blvd., FT. Lauderdale, FL 33316.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President, Willy Paul, Vice-President, Margaret Paul, 2766 W. Oakland Park Blvd., FT. Lauderdale, FL 33316.

The undersigned has executed these Articles of Incorporation this 11th day of June 2002.

"Capital Connection, Inc. by Leilani White, Client Representative"

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:	
Pablo Medical Therapy Clinic.	
2. The name and street address of the registered agent a office is: Margaret Paul	and 5 RIDA
2766 W. OAKLAND PARK Blue	1
fort buderdale fl 33311	

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 HERBY 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.

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