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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE

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-09/06/02--01034--004  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GABLES DOCTOR'S OFFICE, INC.  
(Corporation Name) (Document #)
2. C  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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02 SEP -6 AM 11:25  
DIVISION OF CORPORATION

RECEIVED

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

Examiner's Initials

QB 9/6

# **ARTICLES OF INCORPORATION**

of

## **GABLES DOCTOR'S OFFICE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

### **ARTICLE I: NAME**

The name of the corporation shall be: Gables Doctor's Office, INC.  
The principal place of this corporation shall be: 7483 SW 24<sup>th</sup> Street suite 301  
Miami, FL 33135

### **ARTICLE II: NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

### **ARTICLE III: CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding any one time is: 100 shares x \$5.00 Per Value.

### **ARTICLE IV: TERM OF EXISTENCE**

This corporation is to exist perpetually.

## **ARTICLE V: OFFICERS & DIRECTORS**

The name(s) and street address of initial officer(s) and directors(s), if any who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are),

PRESIDENT: PEDRO RODON  
20800 MARLIN ROAD  
Miami, FL 33189

VICE PRESIDENT:

TRESURER:

## **ARTICLE VI: INCORPORATOR (S)**

The name(s) and street address of the incorporator to this Article of Incorporation is

PEDRO RODON  
20800 MARLIN ROAD  
Miami, FL 33189

## **ARTICLE VII: PERCENTAGE OF PARTICIPATION & DISTRIBUTION**

The percentage of participation and distribution among initial officer(s) and director(s) is as follows:

PRESIDENT: 100%

IN WITNESS WHEREOF, the undersigned incorporator(s) has executed these Articles of Incorporation this 5th day of September 05, 2002

SIGNATURE OF INCORPORATOR: \_\_\_\_\_

  
Pedro Rodon

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## CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/ REGISTERED OFFICER

Pursuant to provisions of section 607.325, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/ registered officer, in the State of Florida.

1. The name of the Corporation is GABLES DOCTOR'S OFFICE, INC.
2. The name and address of the registered agent/ registered officer is  
Pedro Rodon  
20800 Marlin Road  
Miami, FL 33189

### SIGNATURES OF CORPORATE OFFICERS/ DIRECTORS:

President:

  
PEDRO RODON

Date: 09/05/2002

Vice-President:

Date: \_\_\_\_\_

Treasurer:

Date: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY, WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.

Signature:

  
Pedro Rodon

Date: 09/05/2002