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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*P02000097311*

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : LAZARO GARI NOTARY PUBLIC  
Account Number : I19990000037  
Phone : (813) 877-4439  
Fax Number : (813) 877-3389

**FLORIDA PROFIT CORPORATION OR P.A.**

**United Gables Rehab Center Inc:**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

*OB 9/10 ✓*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

UNITED GABLES REHAB CENTER INC:

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2112 W. M.L.K. BLVD

TAMPA, FL 33607

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Rehabilitation Facility  
Physical Therapy, Occupational Therapy**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Lazaro Gari (Pressident)  
4007 W. Cass St  
Tampa, Fl 33609**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Lazaro Gari  
4007 W. Cass st  
Tampa, Fl 33609**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Lazaro Gari  
4007 W. Cass St  
Tampa, Fl 33609

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am famillar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent9.1.02  
Date\_\_\_\_\_  
Signature/Incorporator\_\_\_\_\_  
Date