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Florida Department of State

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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

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

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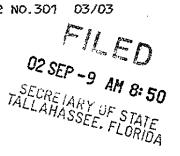
ARTÍCLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

A DOTAGE TO STANKE

ARTICLE I NAME

The name of the corporation shall be:

UNITED GABLES REHAB CENTER INC:



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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 familiar with and accept the appointment as registered agent and agree to act in this capacity

Large / Law	9.1.02
Signature/Registered Agent	Date
Signature/Incorporator	Date