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(Business Entity Name)

(Document Number)

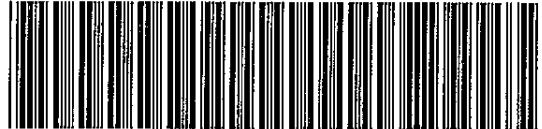
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EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101  
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CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. GABLES MEDICAL CARE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

GABLES MEDICAL CARE INC. EFFC: 1-1-03

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1800 SW 27 AVE. #200  
MIAMI, FL 33145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

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

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

GABRIEL PRESNO (P)  
JUAN ALONSO (VP)  
MIRIAM PARDO (S)  
1800 SW 27 AVE. #200  
MIAMI, FL 33145

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JUAN ALONSO  
1800 SW 27 AVE. #200  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GABRIEL PRESNO, JUAN ALONSO, MIRIAM PARDO  
1800 SW 27 AVE. #200  
MIAMI, FL 33145

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

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TALLAHASSEE FLORIDA

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