

**P04000068135**

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) 873-2000  
Fax Number : (813) 873-2006

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

United Gables of Tampa Medical Center Inc.:

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

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*OB 4/27*

**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:

United Gables of Tampa Medical Center, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2123 W. MLK Blvd suite 203  
Tampa, FL 33607**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Corf, rehab Facility

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Lizandra Rodriguez  
# 2123 W. MLK Blvd suite 203  
Tampa, FL 33607**ARTICLE VI REGISTERED AGENT**

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

Lizandra Rodriguez  
2123 W. MLK Blvd #203  
Tampa, FL 33607**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lizandra Rodriguez  
2123 W. MLK Blvd suite 203  
Tampa, FL 33607

\*\*\*\*\*

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

4-19-04

Date



Signature/Incorporator

4-19-04

Date