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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

FLORIDA PROFIT CORPORATION OR P.A.

G&K MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
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STATE
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FLORIDA

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ARTICLES OF INCORPORATION

CLERK OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and Chapter 621 of the Florida Statutes, we hereby set forth the following:

ARTICLE I: NAME

The name of the corporation shall be **G&K Medical Center, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address is 5177 North Springs Way, Coral Springs, FL 33076.

ARTICLE III: PURPOSE

The purpose for which the corporation is formed is to provide rehabilitative services to persons with physical injuries due to auto accidents, slip & falls, workmen's comp etc.

ARTICLE IV: SHARES

The number of authorized shares of stock is 1500 with a par value of \$.10. The number of shares to be issued is 100.

ARTICLE V: INITIAL OFFICERS/DIRECTORS

President -Dr. Gregoire Garcon
5177 North Springs Way, Coral Springs, FL 33076.

Secretary -Dr. Gregoire Garcon
5177 North Springs Way, Coral Springs, FL 33076.

Treasurer -Dr. Gregoire Garcon
5177 North Springs Way, Coral Springs, FL 33076.

Vice-President -Dr. Gregoire Garcon
5177 North Springs Way, Coral Springs, FL 33076.

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ARTICLE VI:**DIRECTOR AND OFFICER PROTECTION**OFFICE OF THE CLERK OF THE COURT
TALLAHASSEE, FLORIDA

There shall be a mandatory indemnification for directors and officers, including advancement of litigation expenses. There shall also be limited monetary liability to the corporation and its stockholders for acts and/or omission by its directors or officers.

ARTICLE VII:**REGISTERED AGENT**

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


Lisa Metellus-Hood, Esquire
Law Offices of Metellus-Hood & Associates, P.A.
810 South State Road 7
Plantation, Florida 33317

ARTICLE VIII:**INCORPORATOR**


The name and address of the incorporator is:

Dr. Gregoire Garcon
5177 North Springs Way
Coral Springs, FL 33076

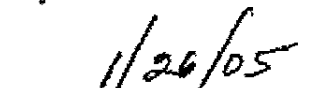
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



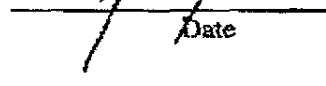
Signature/Registered Agent



Signature/Incorporator



Date



Date

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