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_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
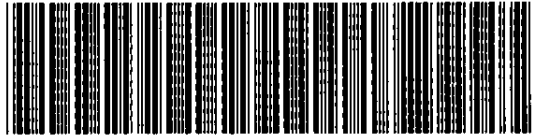(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

To: Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

From: Vlad Van Rosenthal
3250 South Dixie Hwy.,
Miami, FL. 33133

SUBJECT:

GYNECOLOGICAL ASSOCIATES INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: $70.00 (Filing Fee).

Address 3250 South Dixie Hwy., Miami, FL. 33133

Daytime phone number: 305-441-0304

E-mail address: vladrosenthal@bellsouth.net

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S.

ARTICLE I NAME

The name of the corporation shall be:

Gynecological Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal address is: 1237 NW 119 Street, Miami, FL. 33161
The mailing address is: 3250 South Dixie Hwy., Miami, FL. 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide medical services.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President: Vlad Van Rosenthal   3250 South Dixie Hwy., Miami, FL. 33133
Secretary: Vlad Van Rosenthal   3250 South Dixie Hwy., Miami . Fl. 33133

ARTICLE VI REGISTERED AGENT

Registered Agent is Vlad Van Rosenthal
His address: 3250 South Dixie Hwy., Miami, FL. 33133

ARTICLE VII INCORPORATOR
The name of the incorporator is: Vlad Van Rosenthal
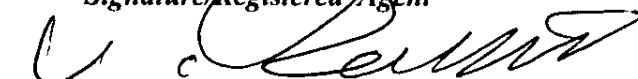His address is 3250 South Dixie Hwy., Miami, FL. 33133

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

_____   9/28/09
Signature/Registered Agent   Date

_____   9/28/09
Signature/Incorporator   Date