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PAGE 01/03

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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GABLES MEDICAL & THERAPY CENTER INC**

Certificate of Status	0
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11 JUL - 6 AM 9:58

Electronic Filing Menu

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Help

7/7  
96

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**ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

GABLES MEDICAL & THERAPY CENTER INC

**ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:

836 PONCE DE LEON BLVD. SUITE 204  
CORAL GABLES, FL. 33134

**ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

MARIO FUERTES

836 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES, FL 33134

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11 JUL -6 AM 9:58

H11000175336

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

MARIO FUERTES  
834 PONCE DE LEON BLVD  
SUITE 204  
CORAL GABLES, FL 33134

The undersigned incorporator has executed these Articles of Incorporation this

7 day of 6 20 11.

  
Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

PRESIDENT : MARIO FUERTES

VICE PRESIDENT : COURTNEY MORGAN

SECRETARY : MARIO FUERTES

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT  
REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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11 JUL -6 AM 9:58