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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
G THERAPY CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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13 MAR -8 AM 11:04

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13 MAR -8 AM 9:10

3/11/13



March 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: G THERAPY CENTER INC.
REF: W13000013882

We have received your document for G THERAPY CENTER INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list a street address for the officer listed in your articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H13000053588
Letter Number: 413A00005620

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DIVISION OF CORPORATIONS
13 MAR -8 AM 11:04

01/18/2031 06:17

#5434 P.003/004

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR -8 AM11:04

ARTICLE I NAME

The name of the corporation shall be:

G THERAPY CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2460 S.W. 137TH AVENUE

SAME

SUITE 243

MIAMI, FLORIDA 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL HEALTHCARE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **OSVALDO GARCIA/ P**

Name and Title:

Address

2460 SW 137TH AVE

Address:

SUITE 243

MIAMI FL 33175

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H13000053508

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OSVALDO GARCIA

Address: 2460 S.W. 137 AVENUE # 243

MIAMI, FLORIDA 33175

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OSVALDO GARCIA

Address: 2460 S.W. 137 AVENUE # 243

MIAMI, FLORIDA 33175

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



Required Signature/Registered Agent

02/21/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

02/21/2013

Date

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