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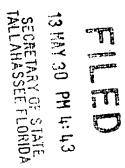
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Gentle Care OB/GYN and Infertility Corp	
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	

Enclosed are an original	nal and one (1) copy of the art	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: N	orris M. Allen, M	D e (Printed or typed)		
8790 PaseoDeValencia St				
Fo	ort Myers, FL 33	Address 908		
	City,	State & Zip		
23	97705858			
	Daytime T	elephone number		
nallen5739@aol.com				
	E-mail address: (to be use	ed for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2013

NORRIS M. ALLEN, MD 8790 PASEODEVALENCIA ST FORT MYERS, FL 33908

SUBJECT: GENTLE CARE OB/GYN AND INFERTILITY CORP

Ref. Number: W13000028125

We have received your document for GENTLE CARE OB/GYN AND INFERTILITY CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Letter Number: 813A00011909

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

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

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une or the corpora	tion shall be: Gentle Care OB/G		
CLE II PRI	<u>NCIPAL OFFICE</u>		
5 Central	Principal <u>street</u> address Ave, Suite 7	Maining add	ress, if di ne Ca te TARY OF TALLAHASSEE P
· · · · · · · · · · · · · · · · · · ·			
t Myers, F	L 33901		
•			
	POSE he corporation is organized is: Medical care for	women in the discipline of Obstetri	cs, Gynecology and female inferti
CLE IV SH	ares 1,000 at \$10.00 par va	lue	
imber of shares of	stock is: 1,000 at \$10.00 par \$4		
imber of shares of	stock is: 1,000 at \$10.00 par \$4	<u> </u>	
CLE V INI Name and Titl	stock is: 1,000 at \$10.00 par \$4	Name and Title:	
imber of shares of	TIAL OFFICERS AND/OR DIRECTORS Norris M. Allen, MD (President)	<u> </u>	
CLE V INI Name and Titl	rial officers and/or directors Norris M. Allen, MD (President) 8790 PaseoDeValencia St.	Name and Title:	
TCLE V INI Name and Titl Address	rial officers and/or directors Norris M. Allen, MD (President) 8790 PaseoDeValencia St.	Name and Title:Address:	
TCLE V INI Name and Titl Address	Norris M. Allen, MD (President) 8790 PaseoDeValencia St. Fort Myers, FL 33908	Name and Title: Address: Name and Title:	
CLE V INI Name and Titl Address Name and Title	Norris M. Allen, MD (President) 8790 PaseoDeValencia St. Fort Myers, FL 33908	Name and Title: Address: Name and Title:	
Name and Title Address	Norris M. Allen, MD (President) 8790 PaseoDeValencia St. Fort Myers, FL 33908	Name and Title: Address: Name and Title: Address:	
Name and Title Address	Norris M. Allen, MD (President) 8790 PaseoDeValencia St. Fort Myers, FL 33908	Name and Title: Address: Name and Title: Address:	

ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registere	d agent is:
Name:	Norris M. Allen, MD	
Address:	8790 PaseoDeValencia St.	FIFD
	Fort Myers, FL 33908	V
		13 MAY 30 PM 4: 43
ARTICLE VI	INCORPORATOR	SECRETARY OF STATE TALLAHASSEE FLORIDA
The name and	address of the Incorporator is:	
Name:	Norris M. Allen, MD	
Address:	8790 PaseoDeValencia St.	
	Fort Myers, FL 33908	
	amed as registered agent to accept service of process for the above I am familiar with and accept the appointment as registered agent the appointment as registered agent the service of process for the above I am familiar with and accept the appointment as registered agent the service of the above I am familiar with a accept the appointment as registered agent to accept the appointment as registered agent the above I am familiar with a accept the appointment as registered agent the above I am familiar with a accept the appointment as registered agent the appointment as registered agent the accept the	<u> </u>
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are true. I am a e Department of State constitutes a third degree felony as provided	
_1/1	Noulus W. S	5/27/13
	Required Signature/Incorporator	Date

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