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9/18/2014 Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)558-4546

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
GENTLE CARE MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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

ARTICLE I NAME
The name of the corporation shall be: GENTLE CARE MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
8000 W FLAGLER ST. SUITE 206
MIAMI, FL 33144

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P MINIET, RALPH
Address: 8000 W FLAGLER ST. SUITE 206
MIAMI, FL 33144

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

KAIZEN MEDICAL CONSULTING 7865584546 p.2

(cont'd)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MINIET, RALPH

Address: 8000 W FLAGLER ST. STE 206

MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MINIET, RALPH

Address: 8000 W FLAGLER ST SUITE 206

MIAMI, FL 33144

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

Ralph Miniet — 09-15-14

Required Signature/Registered Agent — 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.

Ralph Miniet — 09-15-14

Required Signature/Incorporator — Date

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