

09/28/2032 02:06

26 P.001/00

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000243597 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)675-5944

\*\*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  
ALL DADE THERAPY CENTER CORP.

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

14 OCT 17 AM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MD 10/20

H14000243507

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:ALL DADE THERAPY CENTER CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5200 SW 8 ST  
SUITE 206 (B)  
CORAL GABLES, FL 33134SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 AM 12:00

FILED

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Barbara Gonzalez Lopez (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

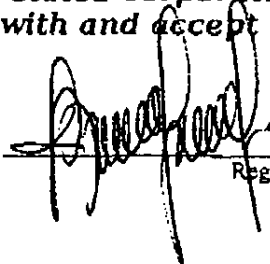
BARBARA GONZALEZ LOPEZ  
5200 SW 8 ST Suite 206 (B)  
Coral Gables, FL 33134**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:BARBARA GONZALEZ LOPEZ  
5200 SW 8 ST Suite 206 (B)  
CORAL GABLES FL 33134

H14000243507

H14000243597

**Required Signatures:**

*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*

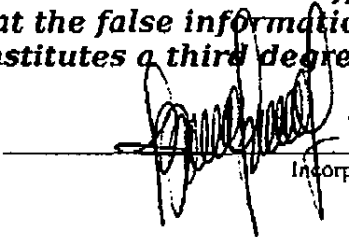


Registered Agent

10-17-14

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.*



Incorporator

10-17-14

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 AM 12:00

FILED

H14000243597