P9700022 803 LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16 Address

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Trademark

Other

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S	S), (if known)
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X	Profit	Amendment	
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	Limited Liability	Change of Registered Agent	7) []]
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	OTHER FILINGS	REGISTRATION/E	7
	Annual Report	#QUALIFICATION #	
	Fictitious Name	Foreign	
	Name Reservation	Limited Partnership	
		Reinstatement	

Examiner's Initials

The undersigned incorporator(s), for the purpose of forming a corporation with the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE! NAME

The name of the corporation shall be:

GABLES REHABILITATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6741 SW 24 ST. STE. 38 MIAMI FLA. 33155

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:

LUCIA HERNANDEZ 16300 NW 37 PL. MIAMI FLA. 33054

ARTICLE V INCORPORATOR(S)

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

LUCIA HERNANDEZ

16300 NW 37 PL. Miami Fla. 33054

IDANIA ARIAS

9762 SW 56 TR. Miami Fla. 33173

ARTICLE VI DIRECTOR(S)

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

PRESIDENT: LUCIA HERNANDEZ 16300 NW 37 PL. Miami Fla. 33054

VICE-PRESIDENT: IDANIA ARIAS 9762 SW 56 TR. Miami Fla. 33173

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

MARCH day of 12 1997 .

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: GABLES REHABILITATION CENTER INC.
	ASE 911
2.	The name and address of the registered agent and office is:
	LUCIA HERNANDEZ
•	(NAME)
	16300 NW 37 PL.
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI FLA. 33054
	(CITY/STATE/ZIP)
PR TH AN PR	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER-RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	DATE