

OFFICE USE ONLY (Document #)

L. ZARUS CORPORATE FILING SERVICE, INC.

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3320 S.W. 87th AVENUE

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MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002609281--6

-08/06/98--01047--015

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNITED GABLES HEALTH CARE CENTER
(Corporation Name) (Document #)

2. INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
98 AUG -6 AM 11:30
DIVISION OF CORPORATION
TALLAHASSEE FLORIDA
98 AUG -6 PM 12:30
FILED
SECRETARY OF STATE

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED
98 AUG - 6 PM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: *UNITED GABLES HEALTH CARE CENTER, INC.*

ARTICLE II PRINCIPAL OFFICE

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

*3970 W. FLAGLER ST.
STE #203
MIAMI, FL 33134*

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:

*ESTHER DEL AMO
3970 W. FLAGLER ST.
STE #203
MIAMI, FL 33134*

ARTICLE V INCORPORATOR(S)

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

CAROLINA P. COULTON & ESTHER DEL AMO
3970 W FLAHLER
STE #203
MIAMI, FL 33134

ARTICLE VI DIRECTOR(S)

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

CAROLINA P. COULTON & ESTHER DEL AMO
3970 W. FLAHLER
STE #203
MIAMI, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 5th day of August, 1998.

Carolina P. Coulton

Signature

Esther del Amo

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: UNITED GABLES HEALTH CARE CENTER, INC
2. The name and address of the registered agent and office is:
ESTHER DEL AMO
(NAME)
3970 W FLAGLER STE # 203
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33134
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Esther Del Amo

DATE

8/5/98

REGISTERED AGENT FILING FEE: \$35.00

FILED
98 AUG -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA