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Ony/State/Zip	rnone #	Office Use Only	
CORPORATION NAME	E(S) & DOCUMENT NUM	MBER(S), (if known):	
1. (Corporation 1	Name) (D	Occument #)	To the water of the same
2. (Corporation)	Name) (D	Document #)	<del></del> ;
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4. (Corporation	Name) (D	Document #)	<del>.</del> ,
	k up time	Certified Copy	
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NEW FILINGS	AMENDMENTS -	6000279 -03/01/99- *****78.7	12264 -01150004 5 *****78.75
Profit NonProfit	Resignation of R.A., Officer/ Dir	<u> </u>	•
Limited Liability	Change of Registered Agent		•
Domestication	Dissolution/Withdrawal		
Other	Merger	AL. (	DIN.
OTHER FILINGS  Annual Report	REGISTRATION/ QUALIFICATION	LLAUASSEE	FILED 99 MAR - 1 PM 3: 03
Fictitious Name	Foreign  Limited Partnership	FLOR	PM 3
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	Trademark	<b>1</b> 5	

CR2E031(1/95)

Other

Examiner's Initials

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME...

The name of the corporation shall be:

Heidy Gomez, Speech-Language Pathologist, Inc.

ARTICLE II PRINCIPAL OFFICE

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

600 Alminar Avenue Coral Gables, FL 33146

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Heidy Gomez 600 Alminar Avenue Coral Gables, FL 33146

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Heidy Gomez

600 Alminar Avenue

Coral Gables, FL 33146

Signature/Incorporator

Date

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 gosition as registered agent.

Signature/Registered Agent

Date