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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

03 AUG -4 PM 12:59

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W03-21775

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**LAZARUS CORPORATE FILING SERVICE**

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**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

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

1. HC REHABILITATION CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 1, 2003

LAZARUS

SUBJECT: HC REHABILITATION CORP  
Ref. Number: W03000021775

We have received your document for HC REHABILITATION CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 903A00044460

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DIVISION OF CORPORATIONS  
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HC Rehabilitation Corp

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03 AUG - 4 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION**

- THE UNDERSIGNED INCORPORATOR(S), FOR FORMING A CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I- NAME**

- THE NAME OF THE CORPORATION SHALL BE: HC REHABILITATION CORP

**ARTICLE II -PRINCIPAL OFFICE**

- THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE :

3509 SW 87 PL MIAMI, FL 33165

**ARTICLE III -SHARES**

- THE NUMBER OF SHARES OF STOCKS THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

**ARTICLE IV-INITIAL REGISTERED AGENT AND STREET ADDRESS**

- THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

NAME: HAYMEE M. MORENO

ADDRESS: 1819 SW 107 AVE APT 1902 MIAMI, FL 33165



H.C. Rehabilitation Center

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TALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR

• THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

NAME: HAYMEE M. MORENO

STREET: 3509 SW 87 PL MIAMI, FL 33165

CITY/STATE/ZIP CODE: MIAMI, FL 33165

• THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 15 DAY OF AUGUST YEAR 2003

[Signature]  
SIGNATURE

ARTICLE VI - DIRECTOR(S)

• THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

NAME: HAYMEE M. MORENO

ADDRESS: 1819 SW 107 AVE APT 19 02 MIAMI, FL 33165

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED 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]  
REGISTERED AGENT SIGNATURE