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(((H17000092194 3)))



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FLORIDA PROFIT/NON PROFIT CORPORATION ROMERO REHABILITATION PHYSICAL THERAPY INC

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April 5, 2017

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ROMERO REHABILITATION PHYSICAL THERAPY INC

REF: W17000028914

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Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H17000092194 Letter Number: 417A00006533

Florida Department of State

Attention: New Filings Section

To whom it may concern:

Romero Rehabilitation This is to advise you that the owners of Physical Therapy Inc of Doc# PIS COOSTICUZ are the same owners of the attached articles of

incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Albania Hernandez

H17000092194

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

| ARTICLE I NAME: The name of the corporation is: | | |
|--|--------|--|
| - Promero Benabilitation Physical There | 154Inc | |
| ARTICLE II PRINCIPAL OFFICE: | | |
| The principal street address and mailing address is: 800.4 NW 154 Street #57 | | |
| Miami Lakes, FL 33016 | | |
| ARTICLE III SHARES: The number of shares of stock is: 100. | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS, Albania Hernandez (P) | | |
| FINAL SOLUTION OF THE SOLUTION | | |
| | | |
| | • | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS | · | |
| The name and Florida street address (PO Box not acceptable) of the registered agentify Albania Hernandez | . ` | |
| 8004 NW 154 Street #511 | ï | |
| Miami Lakes, FL 33016 | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | | |
| Albania Hernandez | | |
| 8004 NW 154 Street #571 | | |
| Miami Lakes FL 33016 #170000 | 92194 | |

H17000092194

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

Address O3 30/17
Date 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 felopy as provided for in s.817.155, F.S.

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ADASSET FLERING