

*P900026317*

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
 (Requestor's Name)  
 3320 S.W. 87th AVENUE  
 (Address)  
 MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

500002463525--7  
 -03/20/98-01052-020  
 \*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. INTER AMERICAN REHABILITATION 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

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
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

FILED  
 RECEIVED  
 98 MAR 20 PM 1:28  
 98 MAR 20 AM 11:34  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 TALLAHASSEE, FLORIDA

K. Rolfe    MAR 20 1998

Examiner's Initials

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Inter American Rehabilitation Center Inc.

FILED  
98 MAR 20 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

755 East 49 Street Suite 10  
Hialeah, Fl 33013

## 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:

Yamil J Sequera  
8460 sw 154 Circle  
Miami Fl 33193

**ARTICLE V INCORPORATOR(S)**

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

Yamil J Sequera  
8460 sw 154 circle  
Miami Fl 33193

**ARTICLE VI DIRECTOR(S)**

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

Yamil J Sequera (P)  
8460 sw 154 circle  
Miami Fl 33193

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 day of march, 1998.

  
Signature

\_\_\_\_\_  
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: Inter American Rehabilitation center Inc.

2. The name and address of the registered agent and office is:

Yamil J. Sequera  
(NAME)  
8460 sw 154 Circle  
(P.O. BOX NOT ACCEPTABLE)  
Miami FL 33193  
(CITY/STATE/ZIP)

FILED  
98 MAR 20 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 

DATE 03-19-1998

REGISTERED AGENT FILING FEE: \$35.00