P98000028792

OFFICE USE ONLY (Document #)

LAZARUS CÔRFORĂTE FILÎNG SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIÂMĪ, FLORĪDĀ (305)552-5973

(City, Statě, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

SECRETARY OF STATE

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OFFICE USE ONLY

CO	DRPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):	ς.
1.	ST. PATRICK MEDICAL	REHABILITATION CET	N.
2.	(Corporation Name)	(Document #)	
3.	(Corporation Name)	(Document #)	
4.	(Corporation Name)	(Document #)	.
	Walk in Pick up time	Certified Copy	
	Mail out Will wait Photocopy	Certificate of Status	

NEW FILINGS	
\nearrow	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

OTHER FILNGS
Annual Réport
Fictitious Name
Name Reservation

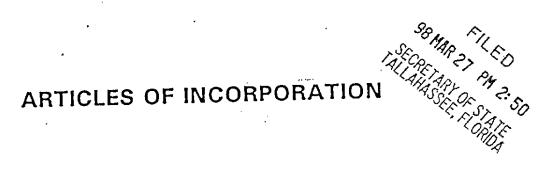
K. Rolfe MAR 2 7 1998

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
 Merger

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

RECEIVED
198 MAR 27 AM II: 47
DIVISION OF CORPORATION

Examiner's Initials



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 | NAME

The name of the corporation shall be:

ST. PATRICK MEDICAL REHABILITATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

221 S.W. 22ND AVENUE, SUITE 218 MIAMI, FLORIDA 33135

ARTICLE III SHARES

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

500 SHARES OF COMMON STOCK; \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NIDIA E. FIDALGO 221 S.W. 22ND AVENUE, SUITE 218 MIAMI, FLORIDA 33135

ARTICLE V INCORPORATOR(S)

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

NIDIA E. FIDALGO - 6450 COLLINS AVENUE #1406, MIAMI BEACH, FL. 33141 CANDIDA R. UGALDE - 5846 S.W. 2ND TERRACE, MIAMI, FL. 33125

ARTICLE VI DIRECTOR(S)

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

NIDIA E. FIDALGO - PRESIDENT - 6450 COLLINS AVENUE #1406, MIAMI BEACH, FL. 33141 CANDIDA R. UGALDE - SECRETARY/TREASURER - 5846 S.W. 2ND TERRACE, MIAMI, FL. 33125

The undersigned ir	ncorporator(s)	has(have) e	xecuted these	Articles of Incorporation this
23RD	day of	MARCH	, 1	9 98
		,		(A)
			/ Signature	MIDIA E. FIDALGO
		_1 k	Markingle	<u>// </u>
	•		Signature	CANDIDA R. UGALDE
			Signature	<u> </u>

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: ST. PATRICK MEDICAL REHABILITATION	CENTER	R, INC.	
	``		·	
2.	The name and address of the registered agent and office is:			.,
	NIDIA E. FIDALGO	ZSE 1	98	; :-
	, (NAME)	EXE.		<u>-</u>
	221 S.W. 22ND AVENUE #218	ASS.	27	·
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	<u> </u>	R 0	5
	MIAMI, FLORIDA 33135	NOS ATS	√α− . ∽	-1. -2. -4.
	(CITY/STATE/ZIP)	D.F.	ö	,

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 NIDIA E FIDALGO

DATE MARCH 23, 1998