

P98000054727

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

300002562753--7
-06/17/98--01053--002
*****70.00 *****70.00

SUBJECT: American Physical Rehabilitation, Inc.
(Proposed corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(X) \$70.00 () \$78.75 () \$122.50 () \$131.25

FROM: Enrique Antonio Stefanoff
Name (printed or typed)

1677 NW 91 Ave. Apt. 633
Address

Coral Springs, FL 33071
City, State & Zip

(954) 255-8485
Daytime Telephone Number

FILED
98 JUN 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

5

JUN 18 1998

FILED
98 JUN 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporation(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:

American Physical Rehabilitation, Inc.

ARTICLE II PRINCIPLE OFFICE

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

1677 NW 91 Ave. Apt. 633
Coral Springs, FL 33071

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Enrique Antonio Stefanoff
1677 NW 91 Ave. Apt. 633
Coral Springs, FL 33071

ARTICLE V INCORPORATION (S)

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

Enrique Antonio Stefanoff
1677 NW 91 Ave. Apt 633
Coral Springs, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of June, 1998.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee- \$35

**CERIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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:
American Physical Rehabilitation, Inc.

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

Enrique Antonio Stefanoff

1677 NW 91 Ave. Apt 633
(P.O. Box not acceptable)

Coral Springs, FL 33071
(City/State/Zip)

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.

Kristina Ingran
(Signature)

DIVISION OF CORPORATION, P.O. BOX 6327, TALLAHASSEE, FL

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98 JUN 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FL 32304