

# P000000015806

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**S.H.P. MEDICAL REHABILITATION CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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: B. McKnight FEB 15 2000

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**ARTICLES OF INCORPORATION**

**of**

**S.H.P. MEDICAL REHABILITATION CENTER, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

S.H.P. MEDICAL REHABILITATION CENTER, INC.

**ARTICLE II - PRINCIPAL OFFICE**

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

%Alman, 17290 N.E. 19th Avenue, North Miami Beach, FL 33162-2210

**ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares of common stock, at \$1 par value.

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

The name and address of the initial registered agent is:

Martin H. Alman, 17290 N.E. 19th Avenue, North Miami Beach, FL 33162-2210

**ARTICLE V - DIRECTOR(S)**

The name(s) of the director(s) is(are): Pinchas Shapiro, Pres. 10 shares  
Irina Shteyman, Sec. 10 shares

**ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Martin H. Alman, 17290 N.E. 19th Avenue, North Miami Beach, FL 33162-2210.

The undersigned has executed these Articles of Incorporation this 14 day of February, 2000.

Prepared by:  
Martin H. Alman  
17290 N.E. 19th Avenue  
North Miami Beach, FL 33162  
305-944-5353

  
Incorporator

## CERTIFICATE 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: S.H.P. MEDICAL REHABILITATION CENTER,

INC.

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

Martin H. Alman

(Name)

17290 N.E. 19th Avenue

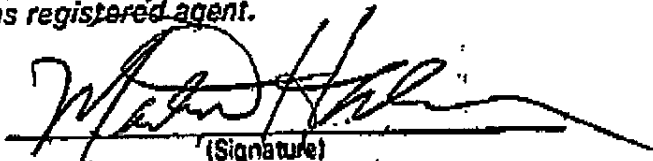
(P.O. Box not acceptable)

North Miami Beach, FL 33162-2210

(City/State/Zip)

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*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)

02 / 14 / 2000  
(Date)