DANOBOOTUS 8/

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

SUBJECT: SUPERIOR REHABILITATION CENTER, INC.
(Proposed corporate name- must include suffix)

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

() \$70.00

() \$78.75

() \$122.50

\$131.25

000003348460--1 -08/08/00--01007--007 ****131.25 ******87.50

FROM: SERGIO ALEXIS HERRERA

Name (printed or typed)

910 N.E. 8 St.

HALLANDALE FL 33009 City, State & Zip

954 - 4584838 Daytime Telephone Number

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

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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:

SUPERIOR REHABILITATION CENTER INC.

ARTICLE II PRINCIPLE OFFICE

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

411 SW 27 Av. MIAMI, FL 33135



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:

SERGIO ALEXIS HERRERA 910 N.E. 8 St. HALLANDALE, FL 33009

ARTICLE V INCORPORATION(S)

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

Sergio Alexis Herrera

411 S.W. Z7 Au.

MIAMI, FL 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 315 day of 5014, 1992.

Signature

Signature

Signature

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: | SUPERIOR | REHABILITATION CENTER, | INC |
|----|---------------------------------|----------|------------------------|-----|
| | | | J | |

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

SERGIO ALEXIS HERRERA

(P.O. Box not acceptable)

HALLAWDALE (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.

(Signature)