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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

DORAL REHABILITATION SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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B. McKnight AUG 24 2000

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**ARTICLES OF INCORPORATION
OF
DORAL REHABILITATION SERVICES, INC.**

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:

Doral Rehabilitation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*5225 NW 105 Ct.
Miami, FL 33178*

ARTICLE III SHARES

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

100 shares at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Liliana Cabal
5225 NW 105 Ct.
Miami, FL 33178*

Friedfold & Associates, P.A.
2645 S. Bayshore Drive, Suite 400
Coconut Grove, FL 33133
(305)859-2822, Fax (305)859-2824

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ARTICLE V INCORPORATOR(S)

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

Liliana Cabal
5225 NW 105 Ct.
Miami, FL 33178

and

Haydenise Carrion
18040 SW 152 Ave.
Miami, FL 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23rd Day of August, 2000

Liliana Cabal
Signature
Haydenise Carrion
Signature

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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:

Doral Rehabilitation Services, Inc.

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

*Liliana Cabal
5225 NW 105 Ct.
Miami, FL 33178*

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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 a registered agent.

Liliana Cabal
Signature

08/23/00
Date

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