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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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**ARTHRITIS REHABILITATION ASSOCIATES INC.** 

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION FOR ARTHRITIS REHABILITATION ASSOCIATES 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:

#### **ARTHRITIS REHABILITATION ASSOCIATES INC.**

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

#### 452 - 456 W. 51 PLACE HIALEAH, FL 33012

### ARTICLE III NATURE

This corporation may engage in or transact any all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

#### ARTICLE IV CAPITAL STOCK

The maximum number shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V TERM OF EXISTENCE This corporation shall exist perpetually.

## ARTICLE VI INITIAL OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

### DR. ANTHONY DE LA CRUZ DR. RAFAEL REY 8415 CORAL WAY STE: 204 MIAMI, FL 33155

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ARTICLE VIL INCORPORATOR(S) The name(s) and address(es) of the incorporator(s) to the Article of incorporation are: DR KAPAEL Rey DR. ANTHONY De la Cauz 8415 Corall Way STE: 2004 33155 liami, Signature of Incorporator

ARTICLE VIII REGISTERED AGENT The name and address of the Registered Agent to these Articles of Incorporation are:

Dr. Anthony De La Cruz 8415 Coral Way STE: 204 Miami, FL 33155

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate. I hereby accept the appointment as registered agant an 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.

lignature of Registered Agent

3/22/01

Date

