DO 1000031104 TRANSMITTAL LETTER

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CALLAN, USEE, FLORIDA

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

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SUBJECT: Sunny Medical Rehabilitation Management, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Tax Service inted or typed) enaventura ddress		
		. 34743 State & Zip	
		344-7464 lephone number	

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ALLAHARSEE, FLORIDA

ARTICLE I NAME

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The name of the corporation shall be:

Sunny Medical Rehabilitation Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11570 S. Orange Blossom Trail Orlando, FL. 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Healthcare

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at a par value of \$ 1.00

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Bertha Rivera 7960 Heritage Entrance Blvd. Kissimmee, FL. 34747

ARTICLE VI __REGISTERED AGENT

The name and Florida street address of the registered agent is:

Bertha Rivera 7960 Heritage-Entrance Blvd. Kissimmee, FL. 34747

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Bertha Rivera 7960 Heritage Entrance Blvd. Kissimmee, FL. 34747

Ber ha terres
Signature/Registered Agent

 $\frac{3/17/01}{\text{Date}}$

Date

Signature/Incorporator