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Division of Corporations 010000324

Florida Department of State

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

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Fax Number : (850) 922-4001

From:

Account Name Account Number: 075350000406

: RITA SALCINES

Phone

: (305)443-1872

Fax Number

: (305)447-0276

FLORIDA PROFIT CORPORATION OR P.A.

CHARRIS REHAB, INC.

Certificate of Status	0
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March 29, 2001

RITA SALCINES

SUBJECT: CHARRIS REHAB, INC.

REF: W01000007141

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ARTICLES OF INCORPORATION CHARRIS REHAB, INC.

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

ARTICLE ONE:

The name of this corporation is: CHARRIS REHAB, INC.

ARTICLE TWO:

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act of the State of Florida.

ARTICLE THREE:

The aggregate number of shares which this corporation shall have authority to issue is ONE HUNDRED (100) shares of common stock, ONE (\$1.00) DOLLAR par value, shall be designated as "Common Shares".

ARTICLE FOUR:

Shareholders of this corporation shall have full preemptive rights to acquire unissued or treasury shares of the corporation.

ARTICLE FIVE:

The street address of the initial principal office of this corporation is:

1840 WEST 49TH STREET - STE, 602 HIALEAH, FLORIDA 33012

and the name and address of the Registered Agent of this corporation is:

JOSE CHARRIS 1840 WEST 49TH STREET - STE. 602 HIALEAH, FLORIDA 33012

ARTICLE SIX:

This corporation shall have two directors to constitute its initial Board of Directors. The number of directors of the corporation may subsequently be increased or decreased from time to time according to the By-Laws of the corporation, but shall never be less than one (1). The names and addresses of the initial directors of this corporation, and numbers of shares of stock owned are:

> This document prepared by Ritz Saleines (305) 443-1872 2827 SW 18th Street, Minmi, Florida 33145

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JOSE CHARRIS – PRESIDENT 50% - 50 SHARES 15741 NW 7TH STREET PEMBROKE PINES, FLORIDA 33028

DOLLY BOTERO – VICE PRESIDENT 50% - 50 SHARES 15741 NW 7^{TE} STREET PEMBROKE PINES, FLORIDA 33028

ARTICLE SEVEN:

The name and address of the Incorporator of this corporation, who is the person signing these Articles is:

JOSE CHARRIS 15741 NW 7TH STREET PEMBROKE PINES, FLORIDA 33028

ARTICLE EIGHT:

The corporation shall indemnify any Officer or Director, or any former Officer or Director to the full extent permitted by law.

NOW THEREFORE, the undersigned Incorporator has executed these Articles of Incorporation this 29th day of March 2001.

JOSE CHARRIS, INCORPORATOR

STATE OF FLORIDA)

, 33

COUNTY OF DADE)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared JOSE CHARRIS, to me well known to be the person described as the Incorporator in and who, in my presence, executed the foregoing Articles of Incorporation, and who acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my band and official seal in the State and County above this 29th day of March 2001.

My Commission Expires:

M. SALC

M. SALC

M. SALC

ME 29, 20

M. SALC

ME 29, 20

M. SALC

ME 29, 20

M. SALC

M. SAL

Notary Public - State of Florida

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: CHARRIS REHAB, INC.
- 2. The name and address of the registered agent and office is:

JOSE CHARRIS 1840 WEST 49TH STREET – STE. 602 HIALEAH, FLORIDA 33012 SECRETARY OF STATIONS
ON VISION OF CORPORATIONS
ON MAR 29 AM 8: 41

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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:

Date:

March 29th, 2001

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