

# PO1000038173

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
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Fax Number : (850) 222-1222

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## FLORIDA PROFIT CORPORATION OR P.A.

SUNSHINE MEDICAL AND REHAB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF INCORPORATION****OF****SUNSHINE MEDICAL AND REHAB, 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**

The name of the corporation shall be SUNSHINE MEDICAL AND REHAB, INC.

**ARTICLE II**

The corporation shall have perpetual existence.

**ARTICLE III**

The general purpose for which the corporation is organized is:

1. To engage in the business of providing certified part time management personnel to corporations.
2. To transact and other lawful business for which corporations may be incorporated under the Florida General Corporation Act, or engage into any other trade or business which can, in the opinion of the shareholders of the Corporation, be advantageously carried on in connection with and auxiliary to the foregoing business.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing

**ARTICLE IV**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 at one dollar par. Such shares shall be of single class and shall have a par value of ONE DOLLAR (1.00) per share.

**ARTICLE V**

The initial number of Shareholders and officer of the Corporation is one. To wit: Solomon Orenshteyn.

**ARTICLE VI**

The principal place of business and mailing address of this corporation shall be 791 VILLA PORTOFINO CIRCLE, DEERFIELD, FLORIDA 33442.

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ARTICLE VII

The business of this corporation shall be managed by its shareholder rather than by a Board of Directors.

ARTICLE VIII

These Articles of Incorporation shall be effective immediately upon the receipt and approval of the Secretary of State of Florida

ARTICLE IX

These Articles of Incorporation may be amended in the manner provided by law.

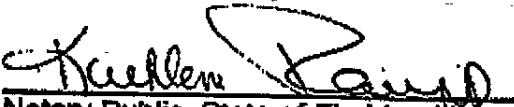
The undersigned incorporator has executed these Articles of Incorporation this 9th day of April, 2001.

  
ALEXANDRE LASNAUD

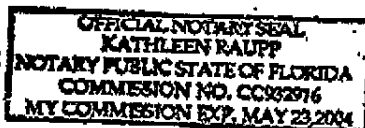
STATE OF FLORIDA     )  
                                  ) ss  
COUNTY OF BROWARD )

Before me personally appeared Alexandre Lasnaud to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledge to and before me that he executed said instrument for the purpose therein expressed

WITNESS my hand and official seal this 9 day of April, 2001

  
Notary Public, State of Florida at Large

Commission expires:



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CERTIFICATE OF DESIGNATION

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**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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 **SUNSHINE MEDICAL AND REHAB, INC.**
2. The name and address of the registered agent and office is:

**ALEXANDER LASNAUD**  
3917 NORTH ANDREWS AVE.  
FT. LAUDERDALE, Florida 33317

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STYLED 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.

  
\_\_\_\_\_  
ALEXANDRE LASNAUD

DATE: \_\_\_\_\_

4/2/01

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