

P01000055679

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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FLORIDA PROFIT CORPORATION OR P.A.

SUNCOAST REHABILITATION CENTER INC.
SERVICES

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 4, 2001

LAZARUS

SUBJECT: SUNCOAST REHABILITATION CENTER INC.
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ARTICLES OF INCORPORATION

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:

SUNCOAST Rehabilitation Services Inc.

ARTICLE II - PRINCIPAL OFFICE

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

237 NW 12 Ave Suite H
MIAMI FL. 33128

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAVIER HERNAN Petazzi
237 NW 12 Ave Suite H
MIAMI FL. 33128

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JAVIER HERNAN PETAZZI
237 NW 12 Ave Suite H.
MIAMI FL. 33128

The undersigned incorporator has executed these Articles of Incorporation this 31 day of MAY 2001.

J. Petazzi
Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI- DIRECTOR(S)

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

JAVIER HERNAN PETAZZI
237 NW 12 Ave Suite H
MIAMI FL. 33128

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

J. Petazzi
Registered Agent Signature

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