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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SOUTH REHAB. MEDICAL CENTER COPR.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

SOUTH REHAB. MEDICAL CENTER CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOUTH REHAB. MEDICAL CENTER CORP.

The principal place of business of this corporation shall be:

3695 N.W 18 Terr Miami FL 33125

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 SHARES \$ 1.00 PER VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V 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):

DALIA B MARTOS PRES.
3695 N.W 18 TERR
MIAMI FL 33125

JANET LEE CONNERS TREA.
12833 S.W 150 TERR
MIAMI FL 33186

SEBASTIANA D GONZALEZ SEC.
26608 S.W 128 CT
MIAMI FL 33032

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

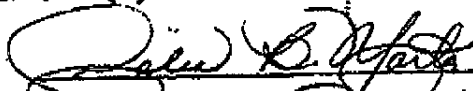

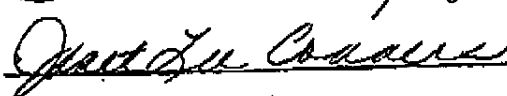
DALI B MARTOS
3695 N.W 18 Terr
Miami Fl 33125

JANET LEE CONNERS
12833 S.W 150 Terr
Miami Fl 33186

SEBASTIANA D GONZALEZ
26608 S. W 128 Ct
Miami Fl 33032

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 3 day of AUGUST 2001

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

SOUTH REHAB. MEDICAL CENTER CORP.

2. The name and address of the registered agent and office is:

DALIA B MARTOS 3695 N.W 18 TERR
(P.O. BOX NOT ACCEPTABLE)
MIAMI FLORIDA 33125
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE *Dalia B. Martos*
PRESIDENT

TITLE _____

DATE AUGUST 1 / 2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Dalia B. Martos*
DATE AUGUST 1 / 2001