

# PO10000079302

## TRANSMITTAL LETTER

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

Department of State  
Division of Corporations  
409. E. Gaines St.  
Tallahassee, FL 32399

Subject: PERSONAL CARE REHAB, INC.  
(proposed corporate name)

Enclosed please find an original and one copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

From:

Jose Escarpio  
10661 N. KENDALL DR. S. 204  
MIAMI, FL 33176  
(305) 275-0055

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-08/08/01--01084--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
2001 AUG -8 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

8/13/01

ARTICLES OF INCORPORATION  
OF  
PERSONAL CARE REHAB, INC.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

PERSONAL CARE REHAB, INC.

ARTICLE II - ADDRESS

The address of the principal office until further notice  
is: 14441 SW 43 Terr., Miami, FL 33175.

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized  
to have outstanding is one thousand five hundred (1,500)  
common shares at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: Eric  
Weaver and the registered office is 14441 SW 43 Terr.  
Miami, FL 33175.

ARTICLE V - INCORPORATOR

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

Debora V. Garcia  
14441 SW 43 Terr.  
Miami, FL 33175.

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless  
dissolved according to law.

#### ARTICLE VII - PURPOSE

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The purposes for which this corporation is organized are:

- (a) To engage and transact any and all lawful business which corporations normally do within the State of Florida.
- (b) To operate any legal business at the wholesale or retail level (or both) including but not limited to rehabilitation services and related.

#### ARTICLE VIII - INDEMNIFICATION

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This corporation shall indemnify any officer or director, or any agent, to the full extent permitted by law.

#### ARTICLE IX - INITIAL BOARD OF DIRECTORS

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The business of this corporation shall be managed by a Board of Directors consisting of one or more members, the exact number to be determined from time to time in accordance with the By-Laws. The initial Board of Directors shall consist of two directors as follows:

|                  |  |
|------------------|--|
| Eric Weaver      | Director & President<br>14441 SW 43 Terr. Miami, FL 33175      |
| Debora V. Garcia | Director & Vice-President<br>14441 SW 43 Terr. Miami, FL 33175 |
| Marilyn Rosales  | Director and Secretary<br>14441 SW 43 Terr. Miami, FL 33175    |

#### ARTICLE X - BY-LAWS

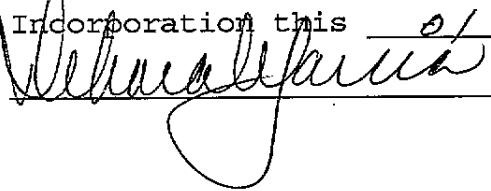
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The Board of Director shall adopt By-Laws for this Corporation which may be amended, altered or repealed by the shareholders or directors in any manner permitted by law.

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The undersigned incorporator has executed these Articles of

Incorporation this 01 day of August 1, 2001.



, Debora V. Garcia

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/registererd agent, in the State of Florida.

1. The name of the corporation is \_\_\_\_\_

PERSONAL CARE REHAB, INC.

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

Name Eric Weaver

Address 14441 SW 43 Terr. Miami, FL 33175

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature [Signature]

Title Vice-President

Date 08-01-01

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TALLAHASSEE FLORIDA

ACCEPTANCE BY AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND 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

Signature [Signature]

Date 8-1-01