

P010000092109

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

600004597316--5
-09/18/01--01068--017
*****70.00 *****70.00

600004597316--5
-09/18/01--01068--018
*****13.75 *****13.75

SUBJECT: BILTMORE HEALTH & REHAB CENTER, INC.
(Proposed corporate name-must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: BRADLEY SIMON, D.C., P.A.
Name(Printed or typed)

11300 N.W. 87TH COURT, #151
Address

HIALEAH GARDENS, FL 33016
City, State & Zip

(954) 242-7568
Daytime Telephone number

FILED
01 SEP 18 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7:00 PM SEP 18 2001

NOTE: Please provide the original and one copy of the articles.

4

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:

BILTMORE HEALTH & REHAB CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

11300 N.W. 87TH COURT
#151
HIALEAH GARDENS, FL 33016

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRADLEY SIMON, D.C., P.A.
11300 N.W. 87TH COURT
#151
HIALEAH GARDENS, FL 33016

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ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

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

BRADLEY SIMON, D.C., P.A.
11300 N.W. 87TH COURT
#151
HIALEAH GARDENS, FL 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14 day of September, 2001.
(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

**CERTIFICATE
OF DESIGNATION OF
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: BILTMORE HEALTH & REHAB CENTER INC.

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

BRADLEY SIMON, D.C., P.A.

(Name)

11300 NW 87TH COURT, #151

(P.O. Box or Mail Drop Box **NOT** Acceptable)

HIALEAH GARDENS, FL 33016

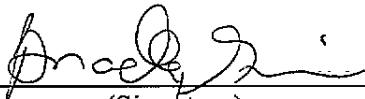
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 AM 11:08

FILED

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 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.



(Signature)

9-14-01

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314