Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

NATIONAL MEDICAL & REHABILITATION SERVICES, INC.

Acceptance and a second	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

OF

NATIONAL MEDICAL & REHABILITATION SERVICES, INC..

The undersigned hereby associates themselves for the purpose of organizing this corporation under the laws of the State of Florida

ARTICLE I The name of this corporation is NATIONAL MEDICAL & REHABILITATION SERVICES, INC..

ARTICLE II The purpose of this corporation is to engage in any lawful business permitted under the laws of Florida.

ARTICLE III The duration of this corporation is to be perpetual.

ARTICLE IV The initial Board of Directors shall consist of no members until the first meeting.

ARTICLE V The corporation shall be authorized to have issued and outstanding at any time no more than 1,000 shares of stock with a nominal or par value of \$1.00 per share.

ARTICLE VI The initial capital of the corporation shall be no less than \$500.00.

ARTICLE VII The initial Incorporator and Subscriber to these Articles of Incorporation shall be:
MARK SILVERMAN , 9817 Southwest 111th Terrace,
Mismi, Florida 33176
1000 shares \$1.00 par value

MARK SILVERMAN

ARTICLE VIII The initial Registered Agent and Registered Office of the corporation shall be MARK SILVERMAN 9817 Southwest 111th Terrace, Miami, Florida 33176

Accepted by MARK SILVERMAN

ARTICLE IX The initial business office and principal place of business of the corporation shall be MARK SILVERMAN 9817 Southwest 111th Terrace Miami, Florida 33139

Prepared By: Nathan Nauman, Esq (FB#058782) 7328 Southwest 48th Street, Miami Florida 33155

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DIVISION OF CONFORMATIONS

OCT-03-2001 10:33 H 010001042 47

CERTIFICATE OF DESIGNATION 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.

First, that NATIONAL MEDICAL & REHABILITATION SERVICES, INC.. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named MARK SILVERMAN 9817 Southwest 111th Terrace Mismi Beach, Florida 33176, as its agent to accept service of process within this state.

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

MARK SILVERNAN

Registered Agent

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