

P02000009124

TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 22 AM 9:08

SOUTH FLORIDA REHABILITATION FACILITY, INC.

SUBJECT:

(Proposed corporate name- must include suffix)

900004788689--1
-01/22/02--01081--003
*****75.00 *****75.00

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

(X) \$75.00 () \$78.75 () \$122.50 () \$131.25

FROM:

Zoe Gonzalez

Name (printed or typed)

ZOE GONZALEZ

Name (printed or typed)

16224 SW 55 Terrace

Address

16224 SW 55 Terrace

Address

Miami, Florida 33185

City, State & Zip

Miami FL 33185

City, State & Zip

NOTE:

Please provide the original and one copy of the articles.

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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:

SOUTH FLORIDA REHABILITATION FACILITY, INC.

ARTICLE II PRINCIPLE OFFICE

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

16224 SW 55 TERRACE MIAMI, FLORIDA 33185

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$1.00 per value common stock which shall be designated as "Common Shares"

ARTICLE IV INITIAL REGISTERED OWNER

The name and address of the initial registered agent(s) is:

**ZOE GONZALEZ
16224 SW 55 TERRACE
MIAMI, FLORIDA 33185**

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ARTICLE V INCORPORATOR(s)

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

**Zoe Gonzalez
16224 SW 55TH Terrace
Miami, FL 33185**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

13th day of January, 2002.



Signature

Signature

---oOo---

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: South Florida Rehabilitation Facility, Inc.

2. The name and address of the registered agent(s) and office(s) is(are):

Zoe Gonzalez

16224 SW 55TH Terrace

(P.O. Box not acceptable)

(P.O. Box not acceptable)

Miami, Florida 33185

(City/State/Zip)

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation as 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 status 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.

Zoe Gonzalez
Signature

1/13/2002
Date

Signature