P0200030208

TRANSMITTAL LETTER

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

SUBJECT: TCM Physicians and Rehab Associates, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.00

FROM: Marcelo Lam

7360 Coral Way, Suite 7 Miami, Florida 33155

305-267-4560

-03/13/02--01045--001

03-2202

ARTICLES OF INCORPORATION

OF

TCM PHYSICIANS AND REHAB ASSOCIATES, INC.

02 MAR 13 AN 9: 01
SECRETARY OF STATE
TALL AHASSEE FLORIDA

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 this corporation shall be: TCM Physicians and Rehab Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7360 Coral Way, Suite 7, Miami, FL 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Marcelo Lam, 7360 Coral Way, Suite 7, Miami, FL 33155.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Marcelo Lam, 7360 Coral Way, Suite 7, Miami, FL 33155

The undersigned incorporate Ninth day of March, 2002.	r(s) has (have) executed these articles of incorporation the	is
-	Signature	

02 MAR 13 AM 9: 01

SECRETARY OF STATE TALLAHASSEE FLORIDA

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 incorporation is: TCM Physicians and Rehab Associates, Inc.
- The name and address of the registered agent and office is: Marcelo Lam, 7360 Coral Way, Suite 7, Miami, FL 33155

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

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