

OFFICE ONLY DOCUMENT #

**LAZARUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

800005174638--8

-03/28/02--01041--023

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIAMI REHAB CENTER, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

DIVISION OF CORPORATION

02 MAR 28 PM 12:09

RECEIVED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
02 APR -4 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 28, 2002

LAZARUS

MIAMI, FL

SUBJECT: MIAMI REHAB CENTER CORP.  
Ref. Number: W02000008766

We have received your document for MIAMI REHAB CENTER CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 502A00018634

RECEIVED  
02 APR - 4 AM 11:15  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**  
**OF**

*MIAMI-DADE HEALTH CARE CLINIC, INC.*

The undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporations, for the profit, and subject to the following provisions:

**ARTICLE - I**

The name of the corporation shall be : *MIAMI-DADE HEALTH CARE CLINIC, INC.*

**ARTICLE - II**

This corporation shall have perpetual existence.

**ARTICLE - III**

This corporation is organized for the purpose of transacting any, or all lawful business.

**ARTICLE - IV**

The aggregate maximum number of shares which this corporation shall have authority to issue and have outstanding at any one time is 500 shares of common stock at \$ 1.00

( One Dollar ) per share.

**ARTICLE - V**

Principal

The post office address of the initial registered office of this corporation in the State Of Florida is :

8506 SW 84th Ave. Miami Fl. 33144

The name of the initial registered agent at such address is :

MARIA E HERNANDEZ

**ARTICLE - VI**

The business of the corporation shall be managed by a Board of Directors, who need not be stockholders of the corporation. The number of Directors, not less than one, no more than seven, and shall be fixed by resolution of the stockholders at a regular or special meeting, subject to the manner of holding such meetings prescribed by the by - laws

**ARTICLE - VII**

The board of Directors may from time to time move the registered office to any other address in Florida whenever the Directors may deem necessary or expedient.

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02 APR -4 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE - VIII

The name and post office address of the members of the Board of Directors who shall serve as members thereof are as follows:

#### BOARD OF DIRECTORS

#### ADDRESS

Maria E.Hernandez (President-Secretary) 550 SW 84 Ave Miami Fl. 33144

The name and the post office address of the subscribers to these Articles of Incorporation and the number of shares of stock each agree to take is :

#### NAME

#### ADDRESS

#### NO. OF SHARES

Maria E. Hernandez 550 SW 84 Ave Miami, Fl.33144 500

### ARTICLE -IX

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of the Articles of Incorporation, shall have all the general and additional power now conferred upon it by the law.

### ARTICLE - X

Amendments to the Articles of Incorporation, Merger, Consolidation or Dissolution shall be approved and submitted to the Stockholders for unanimous approval. Thirty days notice shall be provided.

### ARTICLE - XI

Shareholders of the corporation shall have preemptive rights to acquire their prorata share of stock of the corporation for all issues of any class of stock of the corporation, no matter when authorized, and for whatever consideration is contemplated to be received by the corporation, including but not limited to cash, other property, services, the acquisition of their corporations shares of property through merger of the extinguishment of debts.

Preemptive rights ( NOT ) apply to the reissuance of all redeemed or otherwise acquired shares, including the reissuance of treasury shares.

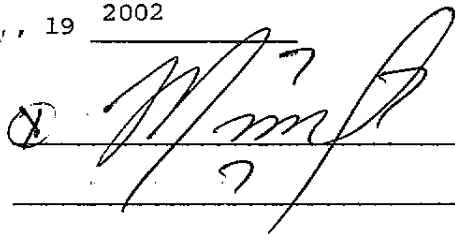
These articles pertaining to preemptive rights may not be amended or deleted without the unanimous vote of the shareholders of each affected class.

No issue of stock of the corporation shall take place unless the price at which the stock is to be issued shall be unanimously approved by the shareholders of the corporation.

These preemptive rights shall apply to any corporate obligation which is convertible to or exchangeable for any stock of the corporation, or where there is attached to said obligation any stock warrants or rights which allow the holder to acquire by subscription or purchase any stock of the corporation.

IN WITNESS WHEREOF, We have hereunto set our hands and signature, this

16 day of March, 19 2002

  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA (

COUNTY OF DADE ( SS

BEFORE ME, the undersigned authority, duly authorized to administer oath and take acknowledgements, personally appeared:

Maria E. Hernandez

Who after first being duly sworn, executed the foregoing ARTICLES OF INCORPORATION, freely and voluntarily for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal

a Miami, Dade County Florida, this 16 day of March, 19 2002

  
NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires



ELIO MORLANNE  
COMMISSION # CC7567G0  
EXPIRES JUL 06, 2002  
BONDED THROUGH  
ADVANTAGE NOTARY

**CERTIFICATE DESIGNATING CHANGE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.**

In pursuance of chapter 48.091, Florida statutes, the is submitted, in  
compliance with said Act:

First - That

MIAMI-DADE HEALTH CARE CLINIC, INC.

qualified to do business under the laws of the State of Florida with its  
principal office at 8506 SW 84th Ave of State of  
Florida

has appointed

Maria E. Hernandez

8506 SW 84 Ave Miami, Fl. 33144

( Street address and number of building, Post Office Box of acceptable ).

City of Miami County of  
Dade

State of, as its agent to accept services of process within this State.

**ACKNOWLEDGEMENT : ( MUST BE SIGNED BY DESIGNATED AGENT )**

Having been named to accept service of process for the above stated corporation,  
at place designated in this Certificate, I hereby accept to act in this capacity, and agree to  
comply with the provision of said Act relative to keeping open said office.

By X

(Registered Agent)

**FILED**  
02 APR -4 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA