

Charter Number Only

70000043011

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

700005312537--6
-04/22/02-01023--021
*****78.75 *****78.75

CORPORATION(S) NAME

Metro Injury & Rehab Center, Inc.

02 APR 22 AM 9 38
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

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|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Only |

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02 APR 22 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF INCORPORATION

of

METRO INJURY & REHAB CENTER, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

METRO INJURY & REHAB CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	BONNIE MILLER		
ADDRESS	9050 Pines Boulevard Suite 384		
CITY	Pembroke Pines	FLORIDA	ZIP 33024

The principal office, if known, or the mailing address of the corporation is:

NAME	METRO INJURY & REHAB CENTER, INC. c/o BONNIE MILLER		
ADDRESS	9050 Pines Boulevard Suite 384		
CITY	Pembroke Pines	FLORIDA	ZIP 33024

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

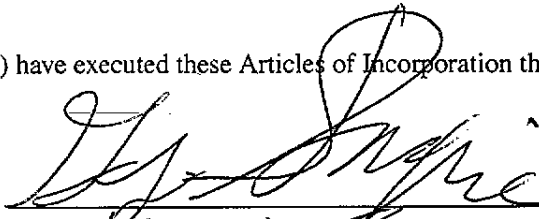
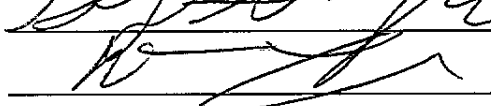
NAME <u>GUY SHAPIRO</u>		
ADDRESS <u>2540 N. State Road 7</u>		
CITY <u>Hollywood,</u>	STATE <u>Florida</u>	ZIP <u>33021</u>
NAME <u>ROBERT LEWIN</u>		
ADDRESS <u>2540 N. State Road 7</u>		
CITY <u>Hollywood</u>	STATE <u>Florida</u>	ZIP <u>33021</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME <u>GUY SHAPIRO</u>		
ADDRESS <u>2540 N. State Road 7</u>		
CITY <u>Hollywood</u>	STATE <u>Florida</u>	ZIP <u>33021</u>
NAME <u>ROBERT LEWIN</u>		
ADDRESS <u>9050 N. State Road 7</u>		
CITY <u>Hollywood</u>	STATE <u>Florida</u>	ZIP <u>33021</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 19th day of April, 2002.

 (Seal)
 (Seal)

(Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

METRO INJURY & REHAB CENTER, INC.

(name of corporation)

FILED
02 APR 22 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 9050 Pines Boulevard Suite 384

Pembroke Pines, Fl. 33024

has named BONNIE MILLER

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)