

Charter Number Only

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-04/22/02-01023-013
*****78.75 *****78.75

CORPORATION(S) NAME

Doral Rehab, Inc.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
☐ Mail

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

certified
copy

FILED
02 APR 22 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

DORAL REHAB, 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:

DORAL REHAB, 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 John Varone, Sr.		
ADDRESS 9621 S.W. 40th St.		
CITY Miami	FLORIDA	ZIP 33165

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

NAME DORAL REHAB, INC.		
ADDRESS 9621 S.W. 40th St.		
CITY Miami	FLORIDA	ZIP 33165

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) 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	John Varone, Sr.		
ADDRESS	P.O. BOX 822611		
CITY	SOUTH FLORIDA	STATE	FLORIDA ZIP 33082
NAME	Jennifer Walder		
ADDRESS	10820 Cameron Ct. #204		
CITY	Davie	STATE	Florida ZIP 33324
NAME	Harley Lewin		
ADDRESS	5053 Sweetwater Terrace		
CITY	Cooper City	STATE	Florida ZIP

ARTICLE VII - INCORPORATORS

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

NAME	John Varone, Sr.		
ADDRESS	P.O. BOX 822611		
CITY	SOUTH FLORIDA	STATE	FLORIDA ZIP 33082
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18th day of April, 2002.

John Varone Sr (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

DORAL REHAB, INC.

(name of corporation)

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 9621 S.W. 40th St.
Miami, Fl. 33165

has named John Varone, Sr.

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 obliga-
tions 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)

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TALLAHASSEE FLORIDA