

EFFECTIVE DATE
4-24-02
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -1 AM 9:51

P020000049780

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

SUBJECT: Exclusive Rehabilitation Group, Inc (Medical Services)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005430307--1
-05/02/02--01028--011
*****87.50 *****87.50

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

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Exclusive Rehabilitation Group (Maria C Penner)
Name (Printed or typed)

432 S Royal Poinciana Blvd
Address

Miami Spring, FL 33166
City, State & Zip

305-216-5676
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Yoel Tejeda GAVE

AUTHORIZATION BY PHONE TO

CORRECT Articles - Eff. date + prin address

DATE 5-7-02

DOC. EXAM. Jlore

Jlore 57 (5)

FILED
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
EXCLUSIVE REHABILITATION GROUP, INC.

ARTICLE I- NAME

The name of this Corporation shall be: EXCLUSIVE
REHABILITATION GROUP, INC. 432 S ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL 33166

ARTICLE II- DURATION

The Corporation shall have perpetual existence.

ARTICLE III- PURPOSE

This Corporation may engage in any activity or business
permitted under the laws of the United States of America and
the State of Florida.

ARTICLE IV- CAPITAL STOCK

This Corporation is authorized to issue 1, 000 shares of one
dollar per value common stock.

ARTICLE V- INITIAL OFFICERS/DIRECTORS

The Corporation shall have one director initially. The
number of directors may be either increased or diminished
from time to time by the By-Laws. The name and address of
the initial director of this Corporation is:

MARIA C PEREIRA- PRESIDENT
432 S ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL 33166

ARTICLE VI- REGISTERED AGENT

The street and address of the registered agent is: 432 S
ROYAL POINCIANA BLVD Miami SPRINGS, FL 33166. The name of
the registered agent is MARIA C PEREIRA- PRESIDENT.

ARTICLE VII- INCORPORATION

The name and address of the person signing the Articles as Incorporator and Subscriber is:

MARIA C PEREIRA- PRESIDENT
432 S ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL 33166

ARTICLE VIII-EFFEECTIVE DATE

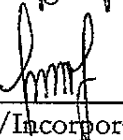
The effective day for this Corporation shall by today APRIL 24th, 2002.

.....
Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with, accept the appointment as registered agent, and agree to act in this capacity.



Signature/Registered Agent


04/20/02
Date



Signature/Incorporator

04/20/02
Date

IN WITNESS WHEREOF, The undersigned subscribe have executed these articles of Incorporation on this _____ day of APRIL, 2002



MARIA C. PEREIRA

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A Notary Public authorized to take acknowledgements in the State and county set forth above, personally appeared MARIA C. PEREIRA, Who produced _____ as identification or who are personally known to me to the person executed the foregoing Simultaneous Acceptance of Appointment as Registered Agent of **EXCLUSIVE REHABILITATION GROUP, INC.**

IN WITNESS WHEREOF, I have hereto set my hand affixed my official seal in the State and County aforesaid on this 23rd day of APRIL 2002.



Notary Public, State of Florida at large

My Commission Expires:




Cynthia Sanchez
Commission # DD 004495
Expires Feb. 25, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -1 AM 9:51

**SIMULTANEOUS ACCEPTANCE OF APPOINTMENT AS REGISTERED
AGENT OF EXCLUSIVE REHABILITATION GROUP, INC.**

The undressing, MARIA C. PEREIRA, pursuant to Florida Statutes Section 607.034 (3) hereby accepts the appointment as registered agent of **EXCLUSIVE REHABILITATION GROUP, INC.** and states that hi is familiar with and accepts obligations provided for in Florida Statutes sections 607.325.




MARIA C. PEREIRA, Registered Agent

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A Notary Public authorized to take acknowledgements in the State and county set forth above, personally appeared MARIA C. PEREIRA, Who produced _____ as identification or who is personally known to me to the person executed the foregoing Simultaneous Acceptance of Appointment as Registered Agent of **EXCLUSIVE REHABILITATION GROUP, INC.**

IN WITNESS WHEREOF, I Have hereto set my hand affixed my official seal in the State and County aforesaid on this 23rd day of APRIL, 2002.



Notary Public, State of Florida at large

My Commission Expires:



Cynthia Sanchez
Commission # DD 004495
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