

Charter Number Only

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

358-1064

800005725108--3

-06/07/02--01024--008

*****78.75 *****78.75

CORPORATION(S) NAME

First Care Medical and Rehab Center, Inc.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Or

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

Certified
copy

RECEIVED
02 JUN -7 AM 9 27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

02 JUN 11 PM 12 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 2002

EMPIRE

SUBJECT: FIRST CARE MEDICAL AND REHAB CENTER, INC.
Ref. Number: W02000016585

We have received your document for FIRST CARE MEDICAL AND REHAB CENTER, INC.. However, the document has not been filed and is being returned for the following:

You must list the corporation's principal office and/or a mailing address in the document.

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: 302A00037742

RECEIVED
JUN 11 AM 10:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FIRST CARE MEDICAL AND REHAB CENTER, INC.

ARTICLE I. NAME

The name of the corporation is **FIRST CARE MEDICAL AND REHAB CENTER, INC.**

ARTICLE II. DURATION

The period of duration of this corporation is perpetual.

ARTICLE III. PURPOSE

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

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 600 shares at \$1.00 par value.

ARTICLE V. PRINCIPAL AND REGISTERED OFFICE

and principal
The street address of the initial registered office of this corporation is 799 Brickell Plaza,
Suite 606, Miami, FL 33131

The name of the initial registered agent of this corporation at that address is Jeanette Montenegro.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) director initially. The number of directors may be either increased or decreased by the By-Laws adopted by the shareholders but shall never be less than one. The name and addresses of the initial directors of this corporation are:

Dax A. Osle -	3905 W. 9th Avenue Hialeah, FL 33012
Jose Y. Jalil -	6781 S. W. 157th Court Miami, FL 33193
Julio Armando Lopez -	3880 W. 9th Avenue Hialeah, FL 33012

ARTICLE VII. INCORPORATORS

The name and address of the incorporators are:

Dax A. Oslé	3905 West 9th Avenue Hialeah, FL 33012
José Y. Jalil	6781 S. W. 157th Court

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02 JUN 11 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Julio Armando López - Miami, FL 33193
3880 West 9th Avenue
Hialeah, FL 33012

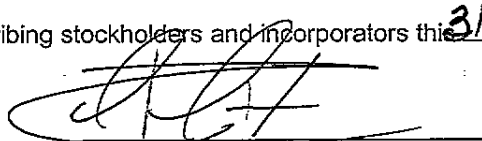
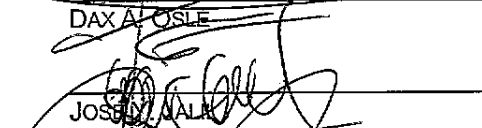

ARTICLE VIII. BY-LAWS

The power to adopt, alter, amend or repeal the By-Laws shall be vested in the Board of Directors and shareholders.

ARTICLE IX. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any rights conferred upon the shareholders are subject this reservation.

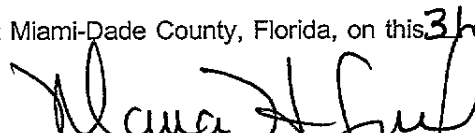
DATED AND EXECUTED by the subscribing stockholders and incorporators this 31 day of May, 2002.


DAX A. OSLE

JOSÉ Y. JALIL

JULIO ARMANDO LÓPEZ

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME, this day personally appeared Dax A. Oslé, José Y. Jalil and Julio Armando López, personally known to me to be the persons who executed the Articles of Incorporation of FIRST CARE MEDICAL AND REHAB CENTER, INC., and has acknowledged before me that they executed them for the purposes expressed.

Witness my hand and official seal at Miami-Dade County, Florida, on this 31 day of May, 2002.


NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:



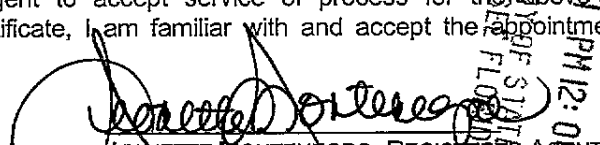
Maria H Gonzalez

My Commission DD072820

Expires November 18, 2005

ACCEPTANCE OF REGISTERED AGENT

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 and accept the appointment as registered agent and agree to act in this capacity.


JEANETTE MONTENEGRO, REGISTERED AGENT

FILED
02 JUN 12 PM 12:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE