

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Florida Department of State**  
**Division of Corporations**  
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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFTT CORPORATION OR P.A.**

**REHAB CARE & FITNESS GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 2, 2002

FAS-T

SUBJECT: REHAB CARE & FITNESS GROUP, INC.  
REF: W02000019285

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Neysa Culligan  
Document Specialist  
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FAX Aud. #: H02000160124  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Rehab Care & Fitness Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2412-A SW 137th Ave  
Miami, FL 33175.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Rehabilitation and Fitness  
Occupational, Physical and Speech therapy.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares @ \$1.00 PAR Value.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Lourdes G. Ocampo (Pres).  
2412-A SW 137th Ave  
Miami, FL 33175.

Luisa Falcon (VP)  
2412-A SW 137th Ave  
Miami, FL 33175.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Lourdes G. Ocampo.  
2412-A SW 137th Ave.  
Miami, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lourdes G. Ocampo.  
2412-A SW 137th Ave.  
Miami, FL 33175

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

7/1/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/1/02  
\_\_\_\_\_  
Date