POJOCO 87147

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

700007010307--5 -08/09/02--01029--006 *****70.00 *****70.00

Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee Certified (& Certific Status	c, Copy cate of			
FROM:	Name	(Printed or typed)		<u> -</u> 77			er
_	LES GAI 7061 S. TAN	RDI, CPA MIAMI TRAIL		TAL SE	02		
	SARASOTA, Ftd: 34231-5559 (941) 925-2099			ECRETAR	02 AUG -9		
_	City,	State & Zip		Y ^f OF ST	AM IO:	D	
	Daytime To	elephone number	<u> </u>	TATE	36 6		

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

98/13

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be:

Excell Rehab Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Rehabilation Physical Operate

Facility

Date

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

The name and Florida street address of the register EscARDI, CPA

7061 S. TAMIAMI TRAIL SARASOTA, FL. 34231-5559 (941) 925-2099

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LES GARDI, CPA 7061 S. TAMIAMI TRAIL SARASOTA, FL. 34231-5559 (941) 925-2099

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**************************************	*****************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	
Land.	8/7/02
Signature/Registered Agent	Date
& Gard.	8/7/02

Signature/Incorporator