

PO2000088204

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000181077 7))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2002 AUG 14 AM 7:23
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

OASIS REHAB OF SOUTH DADE INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION
OF
OASIS REHAB OF SOUTH DADE INC.

FILED
2002 AUG 14 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:
OASIS REHAB OF SOUTH DADE INC.

The principal place of business of this corporation shall be:
2435 NW 7th Street, Miami, Fl 33125.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

- EDDIE MOR (PRES)
2435 NW 7th Street
Miami, Fl 33125.
- ELBA M. MOR (VP)
2435 NW 7th Street
Miami, Fl 33125.

ARTICLE VI INCORPORATOR(S)


The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

EDDIE MOR 2960 SW 139th Terr, Davie, Fl 33330

ELBA M. MOR 1717 N. Bayshore Dr, Miami, Fl 33138.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 14th day of August ~~2001~~ 2002.

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

OASIS REHAB OF SOUTH DADE INC.

2. The name and address of the registered agent and office is:

EDDIE MOR

2435 NW 7th Street

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33125.

(CITY/STATE/ZIP)

2002 AUG 14 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

SIGNATURE *Eddie Mor*

TITLE President

DATE 8/14/2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Eddie Mor*

DATE 8/14/2002