

FROM :

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Sep. 27 2002 03:24AM P1

Division of Corporations

Page 1 of 2

P02000104683

Florida Department of State
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To:

Division of Corporations
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Account Name : BEST MEDICAL REHABILITATION, INC.
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STATE
TALLAHASSEE
FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Sunny Isles A.L.F. Inc.

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

09130-02

FROM :

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Sep. 27 2002 03:24AM P2

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Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sunny Isles A.L.F., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18025 N.W. 20th Avenue
Miami, Florida 33056

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.**

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Frances Mae Garrett
18025 N.W. 20th Avenue
Miami, Florida 33056

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Frances M. Garrett
18025 N.W. 20th Avenue
Miami, Florida 33056

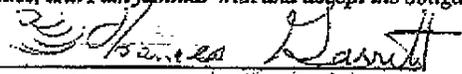
ARTICLE VI OFFICERS AND DIRECTORS

Frances M. Garrett - DP
18025 N.W. 20th Avenue
Miami, Florida 33056
Leslie D. Garrett - DVP
18025 N.W. 20th Avenue
Miami, Florida 33056


Signature/Incorporator

9/26/02
Date

(An additional article must be added if an effective date is requested.)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

9/26/02
Date

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FLORIDA

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