PERCENTIAL LETTER

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

Tallahassee, FL 323

SUBJECT:

M & D Rehab, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate of Status

□ \$78.75

Filing Fee & Certificate of Status

☐ \$87.50 Filing Fee,

Certificate Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Claudia Vargas

Name (Printed or Typed)

000008474260--c -10/21/02--01033--003 *****78.75 *****78.75

716 Stanton Drive.

Address

Weston, Florida 33326

City, State & Zip

(954)389-2701

Daytime Telephone number

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



ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u> NAME

The name of the corporation shall be:

M & D Rehab, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

716 Stanton Drive

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical Therapy services.

ARTICLE IV SHARES

The number of shares of stock is:

5000 / \$0.10

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address (es):

Claudia Vargas - President

716 Stanton Drive

Weston FL 33326

ARTICLE VI REGISTERED AGENT

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

Claudia Vargas

716 Stanton Drive

Weston FL 33326

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Claudia Vargas

716 Stanton Drive

Weston FL 33326

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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

Signature/Incorporator

10/17/02 Date 10/17/02