

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

metropolitan rehabilitation clinic, inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78,75

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ARTICLE OF INCORPORATION

OF

METROPOLITAN REHABILITATION CLINIC, INC.

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

ARTICLE I - NAME

The name of the corporation shall be: METROPOLITAN REHABILITATION CLINIC, INC.

ARTICLE II - PURPOSE

This corporation is organized for the following purpose: PHYSICAL THERAPY and to transact in any and all lawful business authorized under the Statutes of the State of Florida.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 500 shares of common stock, par value \$1,00 per share.

ARTICLE IV - PRINCIPAL OFFICE

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

1120 WEST 33rd PLACE HIALEAH, FL 33012

ARTICLE V - DURATION

This corporation shall have perpetual existence unless sooner terminated under the provisions of the laws of the State of Florida.

PREPARED BY: Cesar Brioso
M.B. TAX AND ACCOUNTING SERVICES, INC.
3300 EAST 4th AVENUE, #6
HIALEAH, FL 33013
PHONE: (305) 887-0048

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ARTICLE VI - INITIAL DIRECTORS

METROPOLITAN REHABILITATION CLINIC, INC., shell have one (2) directors, and the number of durectors may be changed as provided in the bylaws, but shell never be less than one. The name and address of the initial directors are:

CARLOS MARIN

11205 SW 152nd TERRACE

MIAMI, FL 33157

JESUS A. PINO

1120 WEST 33rd PLACE HIALEAH, FL 33012

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators of this corportion are:

		SHARES	VALUE
CARLOS MARIN 11205 SW 152nd TERRACE MIAMI, FL 33157	President/Secretary	250	\$250.00
JESUS A. PINO 1120 WEST 33rd PLACE HIALEAH, FL 33012	Vice-Presiden//Treasurer	250	250,00
•		500	\$500.00

The undersigned have executed these Articles of Incorporation on this 18th day of November, 2002

Carlos Marin President/Secretary

Vice-President/Treasurer

CERTIFICATE OF RESIDENT AGENT

In pursuance of Charter 607.0501. 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.

The name of the corporation is: METROPOLITAN REHABILITATION CLINIC. INC.

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

P. B.4

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CARLOS MARIN 11205 SW 152nd TERRACE MIAMI, FL 33157

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept said Act relative a keeping open and office.

CARLOS MARIN REGISTERED AGENT DATE: 11-18-02

SECRE LARY OF STATE

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