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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
1.ST MICHEL A	RCANGE MEDICAL AND
2. REHAB CENT	TER (Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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(Corporation Name) Walk in Rick up time	(Document #)
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FUNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Name Reservation	Limited Partnership
Ivalile Reservation	Reinstatement
	Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

<u> ARTICLE I – NAME</u>

The name of the corporation shall be:

ST MICHEL ARCANGE MEDICAL AND REHAB CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

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

995 NORTH MIAMI BEACH. BLK SUITE 114. N.M.B, Fl 33162

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

995 NORTH MIAMI BEACH BLVD SUITE 114 NMB Fl 33162

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: CHANTAL DECAMD (3LV)
SUITE 114 NMB FL 33162 The undersigned incorporator has executed these Articles of Incorporation this 19 day of SEPTEMBER2003 Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

CHANTAL DEGAND. 995 NORTH MIAMI BEACH BLUD SULTE 114 NMB FL 33162

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature