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LAZARUS CORPORATE FILI	ING SERVICE
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CORPORATION NAME(s) & D	OCUMENT NUMBER(S) (if known):
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(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
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OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership 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.

ARTICLE I - NAME

The name of the corporation shall be:

Millennium Rehab Center ... I

ARTICLE II - PRINCIPAL OFFICE

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

7266 Sw. 8 St. MIDNI, AL. 33144

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antonio Ricolt 549 Palmetto DR. Hism Spring DR. 33166

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
0 0 1 = 0 1
17NA R. CEAC 11270 SW 45KD.
0 , Mioni, H. 33165
Incorporation is: ANA R. LEAL 11270 SW 43LD. HIOMI, Fl. 33165 ANA RICOLT 549 POLICETO DR. HIAMI SPRINGS, Gl. 33166
Miami Spaines, Ll. 33166
The undersigned incorporator has executed these Articles of
Incorporation this 18 day of 1700 2003
Signature

ARTICLE VI- DIRECTOR(S)

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

AUA R LEAC 11270 SW 4320. Mismi, \$1.33165 Pres.

Autorio Ricolt 549 Polmotto DR. Minni Spring Al. U. Pres.

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.

Negistered Agent Signature

TALLAHASSEE FLORI