

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

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FLORIDA PROFIT CORPORATION OR P.A.

MIAMI HEALTH & REHAB INC.

Certificate of Status	0
Certified Copy	1
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Articles of Incorporation

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The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation ACL AHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Miami Health & Rehab Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1830 NW 7 street Suite 1011 Miami, Florida 33125

<u>ARTICLE III SHARES</u>

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: Juan C. Perez 1830 NW 7 Street Suite 1011 Miami, Florida 33125

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Juan C. Perez 1830 NW 7 Street Suite 1011 Miami, Florida 33125

ARTICLE VI OFFICERS AND DIRECTORS

Juan C. Perez

Isabel Zabala VD

1830 NW 7 Street Suite 1011

1830 NW 7 Street

Miami, Florida 33125

Miami, Florida 33125

Signature/Incorporator

(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 appoint ment as registered agent and agree to act in this capacity. 1 further agree to comply with the provisions of all statues 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

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