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Florida Department of State  
Division of Corporations

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# Electronic Filing Cover Sheet

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To: 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.**

**south broward rehab & medical center o fplantation,**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
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**Corporate Filing**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTH BROWARD REHAB & MEDICAL CENTER OF PLANTATION,**  
**INC.**

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: SOUTH BROWARD REHAB & MEDICAL CENTER OF PLANTATION, INC.

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation: 4121 NW 5<sup>TH</sup> STREET, SUITE 101, PLANTATION, FL 33317.

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue are 100 shares common stock having no individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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## ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: NEIL GILWIT, 4121 NW 5<sup>TH</sup> STREET, SUITE 101, PLANTATION, FL 33317.

## ARTICLE VII

The name and address of the officers and initial board of directors shall be:

NEIL GILWIT

4121 NW 5<sup>TH</sup> STREET, SUITE 101  
PLANTATION, FL 33317

## ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 18<sup>TH</sup> day of FEBRUARY, 2004.

  
INCORPORATOR

Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

SOUTH BROWARD REHAB & MEDICAL CENTER OF PLANTATION, INC.  
(Name of Corporation)

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO  
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THE  
ARTICLES OF INCORPORATION, 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 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.**



**REGISTERED AGENT**

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