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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

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

# FLORIDA PROFIT CORPORATION OR P.A.

south broward rehab & medical center o fplantation,

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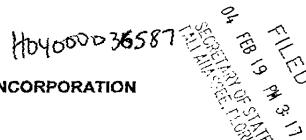
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ARTICLES OF INCORPORATION

OF

SOUTH BROWARD REHAB & MEDICAL CENTER OF PLANTATION.

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 5TH 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 <u>18<sup>TH</sup></u> day of <u>FEBRUARY.2004</u>.

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

HILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA