

# P848800104707

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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**ADVANCE REHABILITATION NETWORK, INC.**

Certificate of Status	0
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7-15-04

**ARTICLES OF INCORPORATION**  
**OF**  
ADVANCE REHABILITATION NETWORK, INC.

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

**ARTICLE I NAME**

The name of the corporation shall be: ADVANCE REHABILITATION NETWORK, INC.

The principal place of business of this corporation shall be: 9600 SW 8<sup>TH</sup> ST #38  
MIAMI, FLORIDA 33174.

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 SHARES AT \$1.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

1. MARIA E PEREZ  
9600 SW 8<sup>TH</sup> ST #38  
MIAMI, FL 33174

2. CARMEN GOENAGA  
9600 SW 8<sup>TH</sup> ST #38  
MIAMI, FL 33174

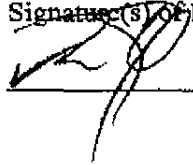
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) or the incorporator(s) to this articles of incorporation is(are):

MARIA E PEREZ  
9600 SW 8<sup>TH</sup> ST #38  
MIAMI, FL 33174

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12 day of JULY, 2004.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF INCORPORATION FILING FEE:

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

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ADVANCE REHABILITATION NETWORK, INC.

2. The name and address of the registered agent and office is:

MARIA E PEREZ  
(P.O.BOX NOT ACCEPTABLE)  
9600 SW 8<sup>TH</sup> ST #38  
(CITY/STATE/ZIP CODE)  
MIAMI, FLORIDA 33174

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_