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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

NEURO REHAB CLINIC, INC.

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ARTICLES OF INCORPORATION
OF

NEURO REHAB CLINIC, 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:

NEURO REHAB CLINIC, INC.

The principal place of business of this corporation shall be:

8515 SW 146TH COURT
MIAMI, FL 33183

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.

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ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

1000 shares
\$1.00 par value

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):

AUDREY LIM O'SHEA
PRESIDENT
8515 SW 146TH CT
MIAMI, FL 33183

CLAUDIA M. ZULUAGA
VICE PRESIDENT
45 ANTILLA AVE UNIT 3A
CORAL GABLES, FL 33134

ARTICLE VI INCORPORATOR(S)

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

AUDREY LIM O'SHEA
PRESIDENT
8515 SW 146TH CT
MIAMI, FL 33183

CLAUDIA M. ZULUAGA
VICE PRESIDENT
45 ANTILLA AVE UNIT 3A
CORAL GABLES, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this 23 day of
July, 2004.

Signature(s) of Incorporator(s)

Audrey O'Shea

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, 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:

NEURO REHAB CLINIC, INC.

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

Audrey Lim O'Shea

8515 SW 146th CT

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33183

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

Audrey O'Shea

TITLE

President

DATE

7/23/04

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

Audrey O'Shea

DATE

7/23/04