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Division of Corporations

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Page 1
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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA PROFIT CORPORATION OR P.A.

BELLE GLADE MEDICAL & REHAB CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Aug 19 04 03:20p ECFS

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305-444-4977

p. 2

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04 AUG 19 AM 9:57

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BELLE GLADE MEDICAL & REHAB CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

125 NORTH MAIN ST
102
BELLE GLADE, FL 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FRANK PIERRE JR (P)
96 WEST PLAZA DEL LAGO
ISLAMORADA, FL 33036

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

FRANK PIERRE JR
96 WEST PLAZA DEL LAGO
ISLAMORADA, FL 33036

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK PIERRE JR
96 WEST PLAZA DEL LAGO
ISLAMORADA, FL 33036

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X [Signature]
Signature/Registered Agent

08-19-04

Date

X [Signature]
Signature/Incorporator

08-19-04

Date