

**P04000135812**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

04 SEP 29 PM 12:44

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**  
**FONTAINEBLEAU MEDICAL & REHABILITATION CENTER INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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**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:

FONTAINEBLEAU MEDICAL &amp; REHABILITATION CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

175 FONTAINEBLEAU BLVD SUITE 2G6  
MIAMI, FL 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL SERVICES

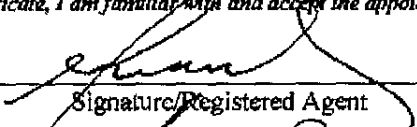
**ARTICLE IV SHARES**

The number of shares of stock is:

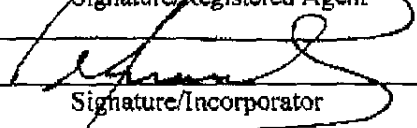
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MARIA C. GONZALEZ, MD (PRESIDENT/DIR.)  
175 FONTAINEBLEAU BLVD SUITE 2G6  
MIAMI, FL 33172MANRIQUE O. IRIARTE, PA-C (VICEPRESIDENT/DIR.)  
175 FONTAINEBLEAU BLVD SUITE 2G6  
MIAMI, FL 33172**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:MANRIQUE O. IRIARTE  
175 FONTAINEBLEAU BLVD SUITE 2G6  
MIAMI, FL 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:MANRIQUE O. IRIARTE  
175 FONTAINEBLEAU BLVD SUITE 2G6  
MIAMI, FL 33172FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
04 SEP 29 PM 12:44\*\*\*\*\*  
*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*  
\_\_\_\_\_  
Signature/Registered Agent

09/29/2004

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator

09/29/2004

\_\_\_\_\_  
Date

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