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XIOMARA LEE, P.A.

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To:

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

From:

Account Name : XIOMARA LEE, P.A.
Account Number : 120040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

FLORIDA PROFIT CORPORATION OR P.A.
REHABILITATION INSTITUTE & SCIENCE CLINIC INC.

Certificate of Status	1
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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:

REHABILITATION INSTITUTE & SCIENCE CLINIC INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7264 SW 8TH ST
MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CLINIC 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):

DANIEL BARBOSA (PRESIDENT)
7264 SW 8TH ST
MIAMI, FL 33144

ARTICLE VI REGISTERED AGENT

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

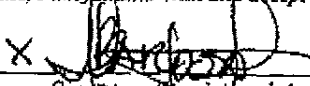
DANIEL BARBOSA
7264 SW 8TH ST
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANIEL BARBOSA
7264 SW 8TH ST
MIAMI, FL 33144

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/Registered Agent

10/08/2004

Date

X 

Signature/Incorporator

10/08/2004

Date

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