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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

FLORIDA PROFIT CORPORATION OR P.A.

REHABILITATION INSTITUTE & SCIENCE CLINIC INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
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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/mailing 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 _____ 10/08/2004
Signature/Registered Agent Date

X _____ 10/08/2004
Signature/Incorporator Date

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