

# P05000020958

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Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**FRAMAR MEDICAL AND REHABILITATION CENTER INC**

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**ARTICLES OF INCORPORATION**

**OF**

FRAMAR MEDICAL AND REHABILITATION CENTER 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: FRAMAR MEDICAL AND REHABILITATION  
CENTER INC

The principal place of business of this corporation shall be: 6335 NW 190 TER  
MIAMI FL 33015

**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.

**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: ONE HUNDRED SHARES (100) AT ONE DOLLAR (1.00) PER SHARE.

**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):

MARIA A HERNANDEZ

6335 NW 190 TER MIAMI FL 33015

**ARTICLE VI INCORPORATOR(S)**

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

MARIA A. HERNANDEZ

6335 NW 190 TER MIAMI FL 33015

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 04 day of FEBRUARY, 2005.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
MARIA A HERNANDEZ  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 FRAMAR MEDICAL AND REHABILITATION  
CENTER INC.

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

MARIA A. HERNANDEZ 6335 NW 190 TER  
(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33015  
(CITY/STATE/ZIP)

SIGNATURE 

(corporate officer)

MARIA A. HERNANDEZ

TITLE PRESIDENT

DATE 02-04-05

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 

MARIA A. HERNANDEZ

DATE 02-04-05