

Florida Department of State

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FLORIDA PROFIT CORPORATION OR P.A.

DADE COUNTY REHAB INC

Certificate of Status	0
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June 20, 2005

EXPRESS CORPORATE FILING

SUBJECT: DADE COUNTY REHAB INC.

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We have received your document for DADE COUNTY REHAB INC.. However, the document has not been filed and is being returned for the following:

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FAX Aud. #: H05000150011 Letter Number: 805A00042129 (((H05000150011)))

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:

DADE COUNTY REHAB INC

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FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7500 NW 25TH STREET SUITE 243 MIAMI, FL 33122

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELIO ALEJANDRO SALA (PD) 7500 NW 25TH STREET SUITE 243 MIAMI, FL 33122

<u>ARTICLE VI REGISTERED AGENT</u>

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

ELIO ALEJANDRO SALA 7500 NW 25TH STREET SUITE 243 MIAMI, FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELIO ALEJANDRO SALA 7500 NW 25TH STREET SUITE 243 MIAMI. FL 33122

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Having been named as registered ago	ent to accept service of process for the above stated corporation at th	e place designated in this
certificate, I am familiar with and acc	capt the appointment as registered agent and agree to act in this capac	lor
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(6)10	JUNE 16, 2005	
Signature/Registered Agent	Date	
ESN	JUNE 16, 205	
Signature Incorporator	Date	