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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SOUTH MEDICAL REHAB, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

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NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION OF

SOUTH MEDICAL REHAB , INC.

The undersigned , acting as Incorporator of a Corporation under the Florida Business Corporation Act. , adopts the following Articles of Incorporation .

ARTICLE I NAME

The name of this Corporation is :

SOUTH MEDICAL REHAB , INC.

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ARTICLE II DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

**7000 SW 62nd AVENUE Ste 405
MIAMI , FLORIDA 33143**

**ARTICLE III
CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1000__Shares of common Stock , having a par value of__\$ 1.00 .

**ARTICLE IV
ADDRESS**

The address of the principal office of this Corporation is :

7000 SW 62nd AVENUE Ste 405
MIAMI , Florida 33143

ARTICLE V

The undersigned incorporator has executed these Articles of incorporation this __09__ day of _November__ 2006__



Signature

Eddie armas

7000 SW 62nd Avenue Ste 405
Miami , Florida 33143

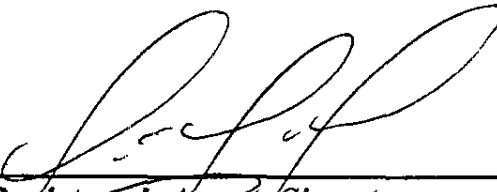
**ARTICLE VI
DIRECTOR(S)**

The name(s) and street address(es) of the director(S) to these Articles of Incorporation is (are) :

EDDIE ARMAS President - Treasurer

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/ REGISTERED OFFICE : Franklin Mirabal**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate , I hereby accept the appointment as Registered Agent and agree to act in this capacity . I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties , and I am familiar with and Accept the obligations of my position as Registered Agent .



Registered Agent Signature
Franklin Mirabal
7000 SW 62nd Avenue Ste 405
Miami , Florida 33143

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