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STATE OF FLORIDA

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J. Shivers JAN 29 2007

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

1. MG REHABILITATION MEDICAL CENTER, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
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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

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Examiner's Initials

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### **ARTICLE I NAME**

*The name of the corporation shall be:*

**-MG REHABILITATION MEDICAL CENTER, CORP.**

### **ARTICLE II PRINCIPAL OFFICE**

*The principal place of business and mailing address of this corporation shall be:*

**-3750 WEST, 16 AVE. SUITE. 134U  
HIALEAH, FL 33012.**

### **ARTICLE III SHARE**

*The number of shares of stock that this corporation is authorized to have outstanding at any one time is:*

**-100 SHARES COMMON STOCK, NO PAR VALUE.**

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### **ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

*The name and address of the initial registered agent is:*

**-MAITE GARCIA  
3750 WEST, 16 AVE. SUITE. 134U  
HIALEAH, FL 33012.**

**ARTICLE V INCORPORATOR**

*The name and street address of the incorporator to these Articles of the Incorporation is:*

**-MAITE GARCIA**

**3750 WEST, 16 AVE. SUITE. 134U  
HIALEAH, FL 33012.**

*The undersigned incorporator has executed these Articles of Incorporation this 25 day of January, 2007.*

  
\_\_\_\_\_  
**MAITE GARCIA**

**ARTICLE VI- DIRECTOR(S)**

*The name(s) and street address of the director(s) of this Articles of Incorporation is:*

**-MAITE GARCIA -DIRECTOR-**

**3750 WEST, 16 AVE. SUITE. 134U  
HIALEAH, FL 33**

**CERIFICATE OF DESIGNATION OF REGISTERED AGENT/  
REGISTERED OFFICE**

*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.*

  
\_\_\_\_\_  
**MAITE GARCIA**  
**(Registered Agent Signature)**

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