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FLA CORPORATE SERVICES

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Division of Corporations

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To: Division of Corporations  
Fax Number : (850)205-0381  
From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**THE REHAB INSTITUTE OF SOUTH FLORIDA, INC.**

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## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
07 MAY -9 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be :

**THE REHAB INSTITUTE OF SOUTH FLORIDA, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is :

906-B S FEDERAL HWY  
BOYNTON BEACH FL 33435

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES PAR VALUE \$.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

President:

JOSEPH LOUIS MARTIN III  
906-B S FEDERAL HWY  
BOYNTON BEACH FL 33435

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JOSEPH LOUIS MARTIN III  
906-B S FEDERAL HWY  
BOYNTON BEACH FL 33435

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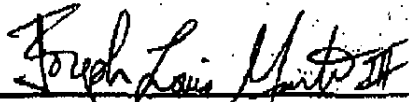
**PAGE 2 THE REHAB INSTITUTE OF SOUTH FLORIDA, INC.****ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

JOSEPH LOUIS MARTIN III  
906-B S FEDERAL HWY  
BOYNTON BEACH FL 33435

\*\*\*\*\*

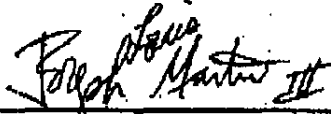
*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



JOSEPH LOUIS MARTIN III / Registered Agent

05-09-07

Date



JOSEPH LOUIS MARTIN III / Incorporator

05-09-07

Date

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