Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 : (305) 444-4994 Phone

: (305)444-4977 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

ALZUAGA REHAB CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF INCORPORATION

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

((CHO7000202726)))TE DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

ALZUAGA REHAB CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8181 NW 36 STREET STE: 1905

MIAMI, FL 33166

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LAZARO ALZUAGA

8181 NW 36 STREET STE: 1905

MIAMI, FL 33166

ARTICLE VI REGISTERED AGENT

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

LAZARO ALZUAGA

8181 NW 36 STREET STE: 1905

MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The pame and address of the Incorporator is:

LAZARO ALZUAGA

8181 NW 36 STREET STE: 1905

MIAMI, FL 33166

Having been named as registered agent to accept service of process for the above stated 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

8 Signature/Registered Agent Date

8 Signature/Incorporator Date

Date

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