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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION

WEST PALM REHAB & MEDICAL CENTER INC

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

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08 OCT - 1 AM 11:04  
SECRETARY OF STATE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

WEST PALM REHAB & MEDICAL CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6900 SOUTH DIXIE HWY STE 205  
WEST PALM BEACH, FL 33465

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES \$ 1.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

TAMER SABRY -AS PRESIDENT  
19823 N.W. 87 CT  
MIAMI FL 33018

**ARTICLE VI REGISTERED AGENT**

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

TAMER SABRY  
19823 N.W. 87 CT  
MIAMI FL 33018



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TAMER SABRY  
19823 N.W. 87 CT  
MIAMI FL 33018

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

09/22/08  
\_\_\_\_\_  
Date  
09/22/08  
\_\_\_\_\_  
Date