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

V.I.P REHABILITATION CENTER, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

((H09000055617)))

ARTICLE I NAME

The name of the corporation shall be:

V.I.P REHABILITATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

514 NE 18 PLACE
CAPE CORAL, FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE (REHABILITATION)

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEPHEN MARK LOVELL AS PRESIDENT
4527 CORONADO PKWAY
CAPE CORAL, FL 33904

ARTICLE VI REGISTERED AGENT

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

STEPHEN MARK LOVELL
4527 CORONADO PKWAY
CAPE CORAL, FLORIDA 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHEN MARK LOVELL
4527 CORONADO PKWAY
CAPE CORAL, FLORIDA 33904

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

0 _____
Signature/Registered Agent
0 _____
Signature/Incorporator

3-4-09
Date
3-4-09
Date

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