

Florida Department of State

Division of Corporations Public Access System

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FLORIDA PROFIT/NON PROFIT CORPORATION

SUNSHINE HEALTH REHAB MEDICAL CENTER INC

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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:

SUNShine Health Rehab Medical Center

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

3500 SW 107AUC # 48

MIAMI, 133163

<u> ARTICLE III - SHARES</u>

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

13450 SW 35T # 416 D Pendroke Pines FL 33027

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ARTICLE V - INCORPORATOR

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	SIGNATURE ARTICLE VI - DIRECTOR(S)	LORIDA	
	ARTICLE VI - DIRECTOR(S) STREET ADDRESS (ES) OF T		• • • • • • • • • • • • • • • • • • •
	ARTICLE VI - DIRECTOR(S)	NJS (ARE):	<u> </u>
	ARTICLE VI - DIRECTOR(S) STREET ADDRESS (ES) OF TARTICLES OF INCORPORATION SERSE (S)	NJS (ARE):	<u> </u>
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	ARTICLE VI - DIRECTOR(S) STREET ADDRESS (ES) OF TARTICLES OF INCORPORATION SERSE (S)	NJS (ARE):	<u> </u>

CERTIFICATE 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.

REGISTERED AGENT SIGNATURE