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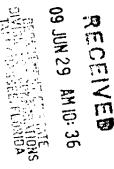
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## **LAZARUS**

## **CORPORATE FILING SERVICE**

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MTAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if	known):
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Not for Profit Limited Liability	Change of Regist	.A., Officer/Director tered Agent
☐ Domestication ☐ Other	Dissolution/With Merger	drawal
OTHER FILINGS	REGISTRATION/O	<u>DUALIFICATION</u>
Annual Report	Foreign	hin
Fictitious Name	Limited Partners Reinstatement	шh
	Trademark Other	
CD2E021(4)04)	•	Examiner's Initials

#### 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:

A SELECT MEDICAN CENTER, INE

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

12229 SW 16 TR 102 MIAMI, FL 33175

#### **ARTICLE III – SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALIANA M. Piedad 12229 SW 10 TR 102 MIAMI, FL 33175

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

ALIANA M. Piedad 12229 SW 16 TR 102 MIAMI, FL 33173

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS

26 DAY OF FUNE, 200 9

∕Signa/ture

#### **ARTICLE VI - DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

FLIAND M. PIESAS 12229 SW 14 TR 102 MIAMI, FL 33175

### 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