Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.

Account Number : I20070000059 : (305)670-3110

: (305)€65-1078 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

MAXWELL REHAB CENTER, INC.

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

Electronic Filing Menu

Corporate Filing Menu

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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:

MAXWELL REHAB CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 8332 SW 8TH ST MIAMI, FL 33144

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:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADLIG ZAMORA - PRESIDENT

8332 SW 8TH ST

MIAMI, FL 33144

ARTICLE VI REGISTERED AGENT

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

PAULINO AGUILERA

8332 SW 8TH ST

MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADLIG ZAMORA

8332 SW 8TH ST

MIAMI, FL 33144

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 chacity

the same of the sa	JULY 29, 2009
 Signature/Registered Agent	Date
Mars 13 ham	JULY 29, 2009
 Signature incorporator	Date

THE SECRETARY OF SHARE