

FROM : LAZARUS  
Division of Corporations

FAX NUMBER : (305) 220-1440

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

**SUNSHINE MEDICAL CENTER AND REHAB CORP.**

Certificate of Status	0
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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.

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**ARTICLE I - NAME**

The name of the corporation shall be:

Sunshine Medical Center and Rehab corp.

**ARTICLE II - PRINCIPAL OFFICE**

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

3990 West Flagler Street # 406  
Miami Florida 33134**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:

JULIETTE ANAIS TAMAYO  
3990 WEST FLAGLER STREET # 406  
Miami FL 33134

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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Juliette Anais Tamayo.  
3990 West Flagler Street #406  
Miami FL 33134

The undersigned incorporator has executed these Articles of Incorporation this  
29 day of SEPTEMBER 2009.

  
Signature

**ARTICLE VI - DIRECTOR (S)**

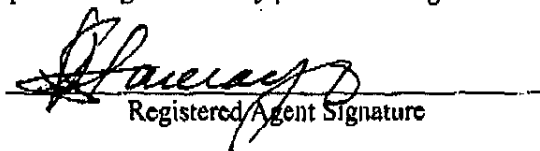
The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

Juliette Anais Tamayo. (P)

**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

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