

FROM : LAZARUS  
Division of Corporations

FAX NO. 305 220 1440

Dec. 07 2009 01:31PM

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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
CANALES REHAB CENTER CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/2010

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:

Canales Rehab Center Corp

EFFECTIVE DATE: 01/01/2010

**ARTICLE II - PRINCIPAL OFFICE**

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

175 Fontainebleau Blvd # 102  
Miami - FL 33172

**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:

Victoria Canales

175 Fontainebleau Blvd # 102  
Miami - FL 33172

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TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

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

Victoria Canales  
175 Fontainebleau Blvd # 112  
Miami FL 33172

The undersigned incorporator has executed these Articles of Incorporation this  
1 day of December 20 09.



Signature

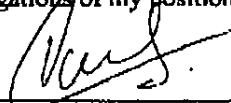
**ARTICLE VI - DIRECTOR (S)**

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

VICTORIA Canales (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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