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FLORIDA PROFIT/NON PROFIT CORPORATION
SPRING MEDICAL & REHAB CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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H10000151005**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:

SPRING MEDICAL & REHAB CENTER INC

ARTICLE II - PRINCIPAL OFFICE

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

8356 SW 8th
Miami, FLA, 33144

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:

Betsy R. RODRIGUEZ
8356 SW 8th
Miami, FLA 33144

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ARTICLE V - INCORPORATOR

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

Betsy R. RODRIGUEZ
8356 SW 8 ST
MIAMI, FLA 33144

The undersigned incorporator has executed these Articles of Incorporation this
_____ day of _____ 20__
SignatureARTICLE VI - DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Betsy R. RODRIGUEZ	(P)
Benito MARTINEZ	(VP)
Yommy MARTINEZ	(S-T)

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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