

# P110000060620

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
practice rehabilitaiton center, inc.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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2

**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:

PRACTICE REHABILITATION CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

13903 NW 67 AVE SUITE 330 MIAMI FL 33016

**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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LUIS SERGIO PILETA ECHVERRIA PRESIDENT  
13903 NW 67 AVE  
SUITE 330 MIAMI LAKES  
FL 33014

**ARTICLE VI REGISTERED AGENT**

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

LUIS SERGIO PILETA ECHVERRIA 13903 NW 67 AVE  
SUITE 330 MIAMI LAKES FL 33014

**ARTICLE VII INCORPORATOR**

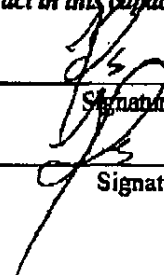
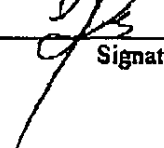
The name and address of the Incorporator is:

LUIS SERGIO PILETA ECHVERRIA  
4198 E 8 LANE HIALEAH FL 33013

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*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 capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
  
\_\_\_\_\_  
Signature/Incorporator

07/28/2010  
\_\_\_\_\_  
Date

07/26/2010  
\_\_\_\_\_  
Date

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