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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
HOME REHABILITATION SERVICES CORP**

Certificate of Status	0
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Page Count	03
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September 15, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: HOME REHABILITATION SERVICES CORP  
REF: W10000043315

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Justin M Shivers  
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FAX Aud. #: H10000203540  
Letter Number: 310A00021903

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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:

HOME REHABILITATION SERVICES CORP

**ARTICLE II - PRINCIPAL OFFICE**

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

10863 N. KENDALL DR. APT. 340  
MIAMI FL 33176

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JOEL ALFREDO QUINTANA  
10863 N. KENDALL DR. APT. 340  
MIAMI FL 33176

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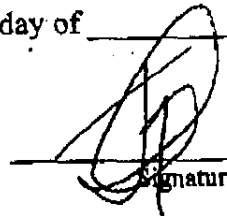
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ARTICLE V - INCORPORATOR

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

JOEL ALFREDO QUINTANA  
10863 N. KENDALL DR. APT. 340  
Miami FL 33176

The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

  
\_\_\_\_\_  
Signature

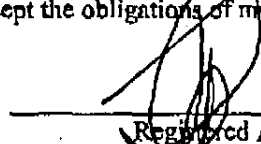
ARTICLE VI - DIRECTOR (S)

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

JOEL ALFREDO QUINTANA (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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