

Division of Corporations **Electronic Filing Cover Sheet** 

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### FLORIDA PROFIT/NON PROFIT CORPORATION VISTA REHAB CENTER CORP

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SECRETARY OF STATE TALLAHASSEE FLORIDA

### 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:

VISTA REHAB CENTER CONS

### ARTICLE II - PRINCIPAL OFFICE

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

175 FONTAINE BIEAU BLUD SUITE I G-2. MI AMI FL 33172

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

100 SHARES

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VIANKA DE PAZ 175 FONTAINEBIEAU BLUD SUITE 16-2 MIAMI FL 33172

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### ARTICLE V-INCORPORATOR

The name and address of the incorporator to these Articles of Inc	proration	ı is:
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### ARTICLE VI-DIRECTOR (S)

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

VIANKA DE PAZ (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