## Florida Department of State

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### FLORIDA PROFIT/NON PROFIT CORPORATION ALLIANCE THERAPY & REHAB CENTER INC.

Certificate of Status

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J. STANSES MAR 0 1 2011 Help

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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.

#### ARTICLE I - NAME

The name of the corporation shall be:

AlliANCE THERAPY & REHAB

CENTER INC.

ARTICLE II - PRINCIPAL OFFICE

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

2141 SW 1 ST SUITE 211

MIAMI FY 33135

ARTICLE III-SHARES

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

100 SHARES

# <u>ARTICLES IV - INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

HARETTOGN MIGUEL REYES-RAMOS. 2141 SW 1 ST SUITE 211 MIAMI, FL 33135

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#### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
HARETTOGN MIGUEL REYES-RAMOS
HARETTOGN MIGUEL REYES-RAMOS 2141 SW 1 ST SUITE 211 MIAMI F1 33135
MIAMI F1 33/35
The undersigned incorporator has executed these Articles of Incorporation this
day of20 \(\sum_{\subset} \sum_{\subset} \sum_{\subset} \subset \frac{\subset}{2} \sigma \fr
S N
Signature
ARTICLE VI- DIRECTOR (S)
The name(s) and street address (es) of the director(s) to these Articles of Northead Incorporation is (are):
The name(s) and street address (es) of the director(s) to these Articles of Noncorporation is (are):  HARETTOGN MIGUEL REYES-RAMOS
The name(s) and street address (es) of the director(s) to these Articles of Northead Incorporation is (are):

# 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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