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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
QUALITY CARE REHAB CENTER, INC.**

Certificate of Status	0
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Becky McKnight

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New Filing Section

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

P.O BOX 6327 - Tallahassee, Florida 32314

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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.

EFFECTIVE DATE 01/01/2012

**ARTICLE I - NAME**

The name of the corporation shall be:

Premium CARE Rehab CENTER, INC.

EFFECTIVE DATE: 01-01-12

**ARTICLE II - PRINCIPAL OFFICE**

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

8080 W Flagler St.  
Suite 1-A  
Miami, FL 33144**ARTICLE III - SHARES**

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

100

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TALLAHASSEE, FLORIDA**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

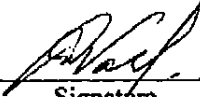
Arpseli Valerio  
8080 W Flagler St  
Suite 1-A  
Miami, FL 33144

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**ARTICLE V - INCORPORATOR**

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

ANASELI VALERIO  
8080 W-FLAGLER ST. SUITE 1-A  
Miami FL 33144The undersigned incorporator has executed these Articles of Incorporation this  
19<sup>TH</sup> day of DECEMBER 20 11.  
Signature**ARTICLE VI - DIRECTOR (S)**The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

ANASELI VALERIO (P)

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**/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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