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FAX

Division of Corporations

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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PALM REHAB SERVICES CENTER, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro88)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE I NAME PALM REHAB SERVICES CENTER, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal office address:
2800 N MILITARY TRAIL #104
WEST PALM BEACH, FL 33409

Mailing address, if different is:
2800 N MILITARY TRAIL #104
WEST PALM BEACH, FL 33409

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 500 SHARES TO \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARRY WILLIAM SUTPHIN (DIRECTOR/PRESIDENT)
Address: 8838 NW 75TH CT
TAMARAC, FL 33321

Name and Title: _____
Address: _____

Name and Title: JEAN BLANCO (MANAGER)
Address: 1085 W 71ST STREET
HIALEAH, FL 33014

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BARRY WILLIAM SUTPHIN
Address: 8838 NW 75TH CT
TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: BARRY WILLIAM SUTPHIN
Address: 8838 NW 75TH CT
TAMARAC, FL 33321

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.

x Barry William Sutphin
Required Signature/Registered Agent

04/03/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.135, F.S.

x Barry William Sutphin
Required Signature/Incorporator

04/03/2012
Date