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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION DARIEN REHAB CENTER INC.

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icles of Incorporation

Article I - Name: The name of the corporation shall be

CENTER INC. REHAB

Article II - Principal and Mailing Address

Article III - Shares

The number of shares of stock is:

Article IV - Initial Officers and/or Directors

LIDUVINO

<u>Article V - Registered Agent</u>
The name and Florida street address of the registered agent is:

Barrios

<u>Article VI - Incorporator</u>
The name and address of the incorporator is:

Liduvino Barrios Salgado 7175 SW 8ST Suite 218

1 of 2

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Required Signatures:

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

Registered Agent

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 s.817.155, F.S.

Incorporator

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Date

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