Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)620-2583

14 NOV 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
SUN PROFESSIONAL REHAB CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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11/17/14

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: SUN PROFESSIONAL REHAB CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8100 W FLAGLER ST. SUITE 203
MIAMI, FL 33144

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P ALVAREZ, RAUL A.
Address: 8100 W FLAGLER ST. SUITE 203
MIAMI, FL 33144

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont'd)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: RAUL A. ALVAREZ

Address: 8100 W FLAGLER ST. SUITE 203

MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL A. ALVAREZ

Address: 8100 W Flagler ST. Suite 203

MIAMI, FL 33144

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____ 11-13-14

Required Signature/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.

_____ 11-13-14

Required Signature/Incorporator Date