

12/02/2002 05:00

#658 P.01/003

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
APOCALYPSE CLINIC & REHAB CENTER, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

APOCALYPSE CLINIC & REHAB CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

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

8030 HAMPTON BLVD APT 403
NORTH LAUDERDALE, FL 33068

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GEORGINA VALDES
8030 HAMPTON BLVD APT 403
NORTH LAUDERDALE FL 33068

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ARTICLE V - INCORPORATOR

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

GEORGINA VALDES
8030 HAMPTON BLVD APT 403
NORTH LAUDERDALE FL 33068

The undersigned incorporator has executed these Articles of Incorporation this
_____ day of _____ 20_____.

X 

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

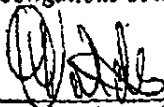
PRESIDENT:

GEORGINA VALDES

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TALLAHASSEE, FLORIDA

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.

X 

Registered Agent Signature

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