

P15 000026215

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GR REHAB CENTER, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2015 MAR 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3/15/15

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

H15000068359

ARTICLE I NAME: The name of the corporation is:

GR REHAB CENTER, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3383 NW 7 ST

Suite 304

Miami FL 33125

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Guillermo Rodriguez (President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Guillermo Rodriguez

3383 NW 7 ST Suite 304

Miami FL 33125

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Guillermo Rodriguez

3383 NW 7 ST Suite 304

Miami FL 33125

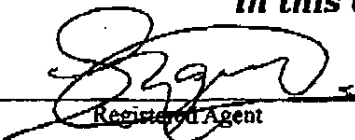
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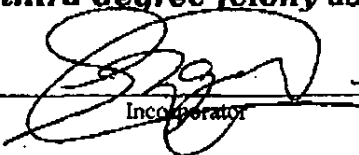
Required Signatures:

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 Date

H15000068359