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001/003

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PROFESSIONAL MEDICAL REHABILITATION CENTER, INC.**

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

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P. 002/003

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: PROFESSIONAL MEDICAL REHABILITATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7660 NW 186 STREET UNIT A

HIACLEAH, FL 33015

Mailing address, if different is:

SAME

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO ELIZALDE SANTOS (D)

Name and Title: _____

Address

7660 NW 186 STREET UNIT A

Address: _____

HIACLEAH, FL 33015

Name and Title: MARIA PEREZ (P/D)

Name and Title: _____

Address

7660 NW 186 STREET UNIT A

Address: _____

HIACLEAH, FL 33015

Name and Title: ENRIQUE A. AJO PUPO (V/D)

Name and Title: _____

Address

7660 NW 186 STREET UNIT A

Address: _____

HIACLEAH, FL 33015

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TALLAHASSEE FLORIDA

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: ENRIQUE A. AJO PUPO

Address: 7660 NW 186 STREET UNIT A
HIALEAH, F; 33015**ARTICLE VII INCORPORATOR**

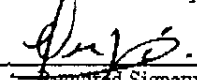
The name and address of the Incorporator is:

Name: ENRIQUE A. AJO PUPO


Address: 7660 NW 186 STREET UNIT A
HIALEAH, FL 33015**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

Required Signature/Registered Agent03/16/2016

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.*

Required Signature/Incorporator03/16/2016

Date