

P95000039030

TRANSMITTAL LETTER

FILED
95 MAY 16 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300001489009
-05/16/95--01107--010
*****78.75 *****78.75

SUBJECT: Continental Medical, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Jaafar I. Awad
Name (printed or typed)

36 NE 3rd Ave.
Address

Miami, Fl. 33133
City, State & Zip

(305) 358-9861
Daytime Telephone number

4463-17

NOTE: Please provide the original and one copy of the articles.

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: Continental Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

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

36 NE 3rd Ave.
Miami, Fl. 33133

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ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jaafar I. Awad
15550 SW 156 Ter. Miami. Fl. 33187

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Jaafar I. Awad


15550 SW 156 Ter.
Miami, Fl. 33187

Tarek Awad

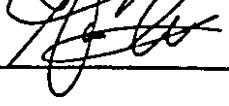
15550 SW 156 Ter.
Miami, Fl. 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of May, 1993



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Continental Medical, Inc.

2. The name and address of the registered agent and office is:

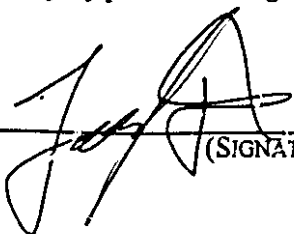
Jaafar I. Awad
(NAME)

15550 SW 156 Ter.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Fl. 33187
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

05-15-1995
(DATE)