P9500054093
TRANSMITTAL LETTER

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

300001502513 -05/31/95--01104--015 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	Exall	Vitress	and	Rehabitation In	v	
	(Proposed comprain name - must include suffix)					

_	ed is an original	and one (1) cop	y of the articles of	incorporation and a check
for:	\$70.00	\$78.75	\$122.50	<b>\$131.25</b>
	Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy
		a Cabicato	a continue copy	& Certificate
	FROM:			Palettation Ire.
		Name	(printed or typed)	
		PO BU	4 663	
			Address	
		Boxa	Rutin, R	33429
			ty, State & Zip	
		407-3	93 - 8714_	
	,	Daytime	Telephone number	- <del></del>
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NOTE: Please provide the original and one copy of the articles.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 8, 1995

EXCELL FITNESS AND REHABILITATION, INC. P.O. BOX 663
BOCA RATON, FL 33429

SUBJECT: EXCELL FITNESS AND REHABILITATION, INC. Ref. Number: W95000011705

We have received your document for EXCELL FITNESS AND REHABILITATION ,INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

AMANDA HERRING Document Specialist

Letter Number: 695A00028302

# Soll of the second ARTICLES OF INCORPORATION

OF

Excell Vitness and Reprobeletolion In

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida siness Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Excell Fitness and Patalelalar In EXCELL FITNAL AND REMABILITATION INC.

ARTICLE II PRINCIPAL OFFICE

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

DO BOX 663

Po Bey LG Born Pater. Dl 33429 Born RATTICLE III Fr SHARES 33429

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

1000. ( on thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Obres a Morekal O2820 Boen Wirden Wind Cont Boen Pater, 8l. 33433

### ARTICLE V INCORPORATORISI

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

nuttlan Karsten Levis - Po Boy 663 - Beca Pata, El Juan Calif Sagatantor. - Po Boy 663 - Beca Pata, VI SANTANA

MATT HEW KARSTAN LEWIS - POBOX 663 BOCA RATON, FL JUAN CARLOS SANTANA POBOX 663 BOCA RATON, FL

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

day of my 19 95.

July Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:_	Excel Ostrus	AND REHABILITATION	nidse.
2. The name and address of the reg	gistered agent and office		
Thomas a	mooke Herro monelare vosor wood		
22 F20 Wu	Box not acceptable)  FL 71 343	ut :	Company Compan
Boca Rota	(City/State/Zip)	3 PHIS: HA	- i

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 canacity. 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) Thomas A. Moo Rehead