

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 632  
Tallahassee, FL 32314

P960000000698

400001671744  
-12/27/95--01044--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ADVANCED TRAUMA AND REHABILITATION CENTER, 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:

Calixto Alfonso Jr. D.C.

Name (printed or typed)

10931 SW 141<sup>ST</sup> AVE.

Address

MIAMI, FLORIDA 33186

City, State & Zip

305-380-9053

Daytime Telephone number

JAN 3 1996 BSR

FILED  
95 DEC 26 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

**FILED**  
95 DEC 26 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*ADVANCED TRAUMA AND REHABILITATION  
CENTER, INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*6445 SW 8th ST.  
MIAMI, FLORIDA 33144*

### 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:

*Calixto Alfonso Jr. D.C.  
10931 SW 141 ST AVE.  
MIAMI, FLORIDA 33186*

**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):

*Calixto Alfonso Jr. D.C.  
10931 SW 141ST AVE.  
MIAMI, FLORIDA 33186*

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

*19th* day of *December*, 19 *95*.

*Calixto Alfonso Jr.*  
\_\_\_\_\_  
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: ADVANCED TRAUMA AND REHABILITATION  
CENTER, INC.

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

Calixto A. Huriso Jr. D.C.  
(NAME)  
10931 SW 141ST AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
MIAMI / FLORIDA / 33186  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Calixto A. Huriso Jr.  
(SIGNATURE)

12/19/95  
(DATE)