

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

SUBJECT: _

200001728472 -02/29/96--01088--010 *****78.75 *****78.75

Enclosed is an or for: \$70.00 Filing Fee	iginal and one (1) co X \$78.75 Filing Feo & Certificate	\$122,50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	1
FRO	A	Additional Cop INE A. HEL (printed or typed) MONTPELIAR Address	LMAY	11 1 C 1	
	— (954)	DEE DALE, FI v. State & Zip 369 - 2368 Telephone number	L 33326	3.4.96	>

(Proposed corporate name - must include suffix)

REHAB EXCELLENCE,

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:

REHAB EXLELLENCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2053 MONTPELIAR FT. LAUDERDALE, FL 33326

> ARTICLE III **SHARES**

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

1.000 (DHE THOUSAND) \$ 3,00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MADELEINE A. HELLMAN 2053 MONTPELIAR FT. LAUDERDALE, FL 33326

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):

MADELEINE A. HELLMAN 2053 MONTPELLAD FT. LAUDERDALE, FL 333.26

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

26 day of FEDEUREY , 19 AL

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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: REHAB EXCELLENCE.	INCO S	
		ro Training ro	
2.	The name and address of the registered agent and office is:	E CO	74 74 74 74 74
	MADELEINE A. HELLMAN	21 CRIDA	,,
	2053 MONTPELLAR (P.O. Box of Mail Drop Box NOT ACCEPTABLE)		
	FT. LAUDERDALE, FL 33326		

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) 2/26/45 (DATE)