

#### (((H96000017287 9)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: NETWORK REHAB, INC.

AUDIT NUMBER...... H96000017287

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES....4

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SECRETARY OF STATE
ALLAHASSEE

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# ARTICLES OF INCORPORATION OF NETWORK REHAB, INC.

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 1 NAME

The name of the corporation shall be:

NETWORK REHAB, INC.

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SECULTARY OF STATI
TALLAHASSEE, FLORID

#### ARTICLE II PRINCIPAL OFFICE

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

2327 Shenandoah Street Lakeland, FL 33813

#### ARTICLE II SHARES

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

200

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen Sugerman, Esq. 18301 Biscayne Boulevard Second Floor Aventura, Fl 33160

Prepared by:
Karen Sugerman, Esq.
18301 Biscayne Boulevard
Second Floor
Aventura, Fl 33160
(305) 936-8891

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#### ARTICLE VI INCORPORATOR(S)

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

James Allen 2327 Shenandoah Street Lakeland, FL 33813

The undersigned incorporator(s) have executed these articles of incorporation this The day of Described, 1996.

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## CERTIFICATE OF DESIGNATION BEGISTERED AGENT/BEGISTERED OFFICE

Pursuant to the provisions of sections 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: New West	RehAb,	IN	<u>Ŀ.</u>
2.	The name and address of the registered agent and office	is:		
	Karen Sugerman, Esq.			
	(NAME)	ALL	96	
	18301 Biscayne Blvd., 2nd Ploor	AHAS	DEC	<u> </u>
	(P.O. BOX NOT ACCEPTABLE)	Y CO	0	m
	Aventura, Florida 33160	F STA FLOR		D
	(CITY/STATE/ZIP)	DA C	0	

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

DATE

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