

TRANSMITTAL LETTER

P97000033215

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

SUBJECT: Medical Rehabilitation Services Corp.  
(Proposed corporation name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 7875

400002141034--1  
-04/11/97--01113--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM:

Mario L Cortes  
Name (printed or typed)

662 W. 44 PL.  
Address

Hialeah Fla. 33012  
City, State, & Zip

(305) 828-5283  
Telephone Number

APR 14

BSB

FILED  
97 APR 11 AM 10:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

# ARTICLES OF INCORPORATION

OF

Medical Rehabilitation Services Corp.

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:

Medical Rehabilitation Services Corp.

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TALLAHASSEE, FLORIDA  
STATE

## ARTICLE II PRINCIPAL OFFICE

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

3750 West 16 Avenue, Suite 138U  
Hialeah, FL 33012

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mario L. Cortes  
662 W. 44 PL.  
Hialeah, Fla. 33012

**ARTICLE V INCORPORATOR(S)**

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

Mario L. Cortes  
662 West 44 PL.  
Hialeah, Fla. 33012

The undersigned incorporator(s) has(have) executed these articles of incorporation this  
10 day of April, 1997.

*Mario L. Cortes*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35.00**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED 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: Medical Rehabilitation  
Services Corporation

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

Mario L. Cortes  
(Name)  
662 W. 44 PL.  
(P.O. Box NOT Acceptable)  
Hialeah, Florida 33012  
(City/State/Zip)

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STATE

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 Mario L. Cortes

DATE 4-10-97

**REGISTERED AGENT FILING FEE \$35.00**

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR21013(6/92)