

P97000058653

TRANSMITTAL LETTER

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

00000228690--0  
-07/02/97--01035--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: SUNNYLAND 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:

( X ) \$70.00 ( ) \$78.75 ( ) \$122.50 ( ) \$131.25

FROM: JOSE A. DELGADO  
Name (printed or typed)  
10505 SW 79<sup>th</sup> PLACE  
Address  
Miami, Florida 33156  
City, State & Zip

[Signature]  
Name (printed or typed)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL -2 AM 8:30

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

7-7-97  
WS

# 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:

*SUNNYLAND REHABILITATION CENTER, INC.*

## ARTICLE II PRINCIPLE OFFICE

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

*10505 SW 79<sup>th</sup> PLACE, MIAMI, FLORIDA 33156*

## ARTICLE III SHARES

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

*This corporation is authorized to issue 100 shares of \$1.00 per value common stock which shall be designated as :Common Shares*

## ARTICLE IV INITIAL REGISTERED OWNER

The name and address of the initial registered agent(s) is:

*JOSE A. DELDADO  
10505 SW 79<sup>th</sup> PLACE  
MIAMI, FLORIDA 33156*

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ARTICLE V INCORPORATOR(S)

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

**JOSE A. DELGADO**  
**10505 SW 79<sup>th</sup> PLACE**  
**MIAMI, FLORIDA 33156**

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

26<sup>th</sup> day of June, 1997.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

—oOo—

\_\_\_\_\_  
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: SUNNYLAND REHABILITATION CENTER, INC.

2. The name and address of the registered agent(s) and office(s) is(are):

JOSE A. DELGADO

10505 SW 79<sup>th</sup> PLACE

(P.O. Box not acceptable)

(P.O. Box not acceptable)

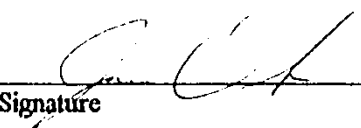
MIAMI, FLORIDA 33156

(City/State/Zip)

(City/State/Zip)

97 JUL -2 AM 8:30  
DIVISION OF CORPORATIONS  
STATE

Having been named as registered agent and to accept service of process for the above stated corporation as 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 status 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

6 26 1997  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date