## P9700068041

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

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SUBJECT:		AB CORP.		
	(Proposed	corporate name - must includ	e suffix)	_
Enclosed is an original	and one(1) copy of the artic	les of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
•		ADDITIONAL COPY REQUIRED		l
FROM: _	Samuel J. B.	SUSCA GLIO F		
-	5145 ARBOR GLEN CIRCLE Address			
	LAKE WORTH	FL 33403	_	
_	Cit (561) 969.711	y, State & Zip	SEULLAIL.	97 AUG
•		Telephone number		3 -5 PM 1: 30

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

ne 8/6/97

FILED

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SEL. TALLAMA SELECTIORIDA

ARTICLE I NAME

The name of the corporation shall be:

KJR REHAB CORP.

ARTICLE II PRINCIPAL OFFICE

ARTICLES OF INCORPORATION

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

5145 ARBOR GIEN CORCE LAKE WORTH FL 33463

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SAMUEL J. BUSCAGLIO IL 5145 ARBOR GE EN CIRCLE LAKE WORTH, EL 33463

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SAMUEL J. BUSCAGLIOTE 5145 ARBOR GLEN CACLE LAKE WORTH, FL 33463

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date