

P97000084764



ACCOUNT NO. : 072100000032

REFERENCE : 546506 82363A

AUTHORIZATION :

COST LIMIT : \$ PP

ORDER DATE : September 29, 1997

ORDER TIME : 10:51 AM

ORDER NO. : 546506-005

CUSTOMER NO: 82363A

CUSTOMER: Harold L. Benjamin, Cpa
HAROLD L. BENJAMIN, CPA

6208 Pembroke Road

Mirimar, FL 33023

400002306094--6

09/29/97--01104--011

*****70.00 *****70.00

FILED
97 SEP 29 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: HOLLYWOOD INJURY
REHABILITATION CENTER, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: _____

97 SEP 29 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00621 W97-22284

SN SEP 29 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
97 OCT -1 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 29, 1997

CSC NETWORKS
1201 HAYS ST.
TALLAHASSEE, FL 32301-2607

SUBJECT: HOLLYWOOD INJURY REHABILITATION CENTER, INC.
Ref. Number: W97000022254

We have received your document for HOLLYWOOD INJURY REHABILITATION CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 097A00047967

RESUBMIT

Please give original
submission date as file date.

CERTIFICATE OF INCORPORATION
OF
Hollywood Injury Rehabilitation Center, Inc.

FILED
97 SEP 29 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of this corporation is:

Hollywood Injury Rehabilitation Center, Inc.

ARTICLE II: NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to do all things which natural persons might or could lawfully do in the premises as follows: Health Services

ARTICLE III: CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED (100) SHARES of common stock with a par value of ONE DOLLAR (\$1.00) for each share.

ARTICLE IV: INITIAL CAPITAL

The amount of capital with which this Corporation will begin doing business is ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V: TERM OF EXISTENCE

This Corporation shall have perpetual existence unless dissolved by action of law.

ARTICLE VI: ADDRESS

The initial post office address of this Corporation in the State of Florida is:

6208 Pembroke Rd
Miramar, Fl 33023

Hollywood Injury Rehabilitation Center, Inc.
Page 2

ARTICLE VII: DIRECTORS

This Corporation shall not have less than one (1) Director initially. The number of Directors may be increased from time to time as the stockholders desire, in accordance with the by-laws hereof, but at no time shall there be a number less than one.

SIGNATURE OF INCORPORATOR

The undersigned incorporator has executed these Articles Of Incorporation this

TWENTY THIRD day of SEPTEMBER, 1997



Signature H. BENJAMIN

INCORPORATOR.

6208 PEMBROKE ROAD,
MIRAMAR, FLORIDA 33023.

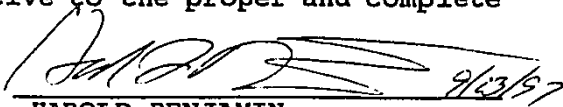
Hollywood Injury Rehabilitation Center, Inc.
Page 3

CERTIFICATE DESIGNATING PLACE OR BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

In compliance with section 48.091, Florida Statutes, the following
is submitted:

That HOLLYWOOD INJURY REHABILITATION CENTER, INC. desiring to
organize or qualify under the laws of the State of Florida, with
its principal place of business at MIRAMAR, FLORIDA has named
HAROLD BENJAMIN Located at 6208 PEMBROKE RD, MIRAMAR, FL 33023 to
accept service of process within Florida.

Having been named to accept service of process for the above stated
corporation, at the place designated in this certificate, I hereby
agree to act in this capacity and I further agree to comply with
the provisions of all statutes relative to the proper and complete
performance of my duties.


HAROLD BENJAMIN

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TALLAHASSEE, FLORIDA