

P97000092338

TRANSMITTAL LETTER

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

SUBJECT: ULTIMATE REHABILITATION AGENCY, 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

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-10/27/97--01077--019

(3)

\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM: JOSE M. ROIG  
Name (printed or typed)  
1901 SW 1 AVENUE, SUITE 200  
Address  
MIAMI, FLORIDA 33135  
City, State & Zip  
(305) 631-8931  
Daytime Telephone Number

FILED  
97 OCT 27 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

-m 10/28/97

**ARTICLES OF INCORPORATION**

**FILED**  
97 OCT 27 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

ULTIMATE REHABILITATION AGENCY, INC.

**ARTICLE II PRINCIPLE OFFICE**

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

1901 SW 1 AVENUE  
SUITE 200  
MIAMI, FLORIDA 33135

**ARTICLE III SHARES**

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JOSE M. ROIG  
1901 SW 1 STREET  
SUITE 200  
MIAMI, FLORIDA 33135

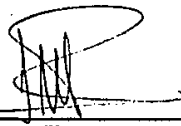
ARTICLE V INCORPORATOR(S)

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

JOSE M. ROIG  
1901 SW 1 AVENUE  
SUITE 200  
MIAMI, FLORIDA 33135

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

14th day of OCTOBER, 1997.



Signature

Signature

---- oOo ----

Signature

Articles of Incorporation  
Filing Fee- \$35

**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.

ULTIMATE REHABILITATION AGENCY, INC.

1. The name of the corporation is: \_\_\_\_\_  
\_\_\_\_\_

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

JOSE M. ROIG

1901 SW 1 AVENUE, SUITE 200

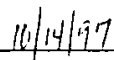
(P.O. Box not acceptable)  
MIAMI, FLORIDA 33135

(City/ State/ Zip)

FILED  
97 OCT 27 AM 10:42  
STATE  
TALLAHASSEE, FLORIDA

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)

  
\_\_\_\_\_