

P97000092788

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
91 OCT 27 AM 10:48

SUBJECT: FLORIDA REHABILITATION CLINIC, 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

100002330471--9
-10/27/97-01123-009
\$\$\$70.00 \$\$\$70.00

FROM: JESUS GAZQUEZ
Name (printed or typed)
1560 SW 139 AVENUE
Address
MIAMI, FLORIDA 33184
City, State & Zip
(305) 223-1662
Daytime Telephone Number

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

10-29-97
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.

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ARTICLE I NAME

The name of the corporation shall be:

FLORIDA REHABILITATION CLINIC, INC.

ARTICLE II PRINCIPLE OFFICE

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

1560 SW 139 AVENUE
MIAMI, FLORIDA 33184

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:

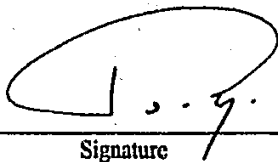
JESUS GAZQUEZ
1560 SW 139 AVENUE
MIAMI, FLORIDA 33184

ARTICLE V INCORPORATOR(S)

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

JESUS GAZQUEZ
1560 SW 139 AVENUE
MIAMI, FLORIDA 33184

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
14th day of OCTOBER, 1997.



Signature

Signature

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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.

1. The name of the corporation is: FLORIDA REHABILITATION CLINIC, INC.

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

JESUS GAZQUEZ

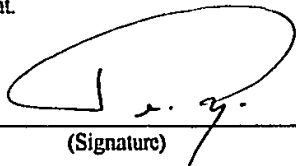
1560 SW 139 AVENUE

(P.O. Box not acceptable)
MIAMI, FLORIDA 33184

(City/ State/ Zip)

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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)

01/14/97