097000098802

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

SUBJECT: AB	C REHABILITATION S (Proposed corporate)	SERVICES INC. orate name - must include su	ffix)	
		. 9	000023 41 -1/07/97 -1/07/97/97	729- 0107900 181****
Enclosed is an original a	nd one(1) copy of the articl	es of incorporation and a	check for :	OLVER COME
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	NOV 19 AM 9: 48
		ADDITIONAL CO	PY REQUIRED	<u> </u>
FROM: <u>N</u>	ANCY PACHON Name ()	Printed or typed)		
<u>15</u>	290 S.W. 50 street	<u>, Miramar, Flor</u> Address	ida.33027	
	Miramar,Florida.33 City	3027. , State & Zip		
· 	954-438-4031 Daytime	1/ 305-604-8006 Telephone number		
			17-254	23
			11.27	

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 10, 1997

NANCY PACHON 15290 SW 50 STREET MIRAMAR, FL 33027

SUBJECT: A B C REHABILITATION SERVICES INC.

Ref. Number: W97000025423

We have received your document for A B C REHABILITATION SERVICES INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6924.

Letter Number: 497A00054110

Sharon Tala Document Specialist Supervisor

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

A B C TOTAL REHABILITATION CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

15290 S.w.50 street Miramar, Florida. 33027.

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 of common stock at the price of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marco Antonio Aranguiz 1524 Euclid Avenue apt.3 Miami Beach.33139.

ARTICLE V INCORPORATOR

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

Nancy Pachon 15290 S.W.50 street Miramar, Florida. 33027.

Pastor Galindo -15290 S.W. 50 street Miramar, Florida.33027.

Signáture/Incorporator

(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