

P980000013172

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LAZARUS CORPORATE FILING SERVICE, INC.  
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 LOCAL REPRESENTATIVE TALLAHASSEE

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 -02/10/98--01047--018  
 \*\*\*\*122.50 \*\*\*\*122.50

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INSTITUTE OF TRAUMA AND REHABILITATION  
 (Corporation Name) (Document #)
2. SERVICES CORP  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in  Pick up time 2:00  Certified Copy  
 Mail out  Will wait  Photocopy  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 98 FEB 10 PM 12:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RECEIVED  
 98 FEB 10 AM 11:15  
 DIVISION OF CORPORATION  
 8/10/98  
 Examiner's Initials

# 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.

## ARTICLE I NAME

The name of the corporation shall be:

Institute of TRAUMA and Rehabilitation  
Services CORP

## ARTICLE II PRINCIPAL OFFICE

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

116 Ponce de Leon Blvd. Coral Gables,  
FLORIDA, 33135, SUITE # 5

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADRIAN FERNANDEZ  
3075 NW 3 ST  
MIAMI, FL 33125

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**ARTICLE V INCORPORATOR(S)**

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

ADRIAN FERNANDEZ  
3075 NW 3 ST  
MIAMI, FL  
33125

Rigoberto Requero  
420 SW 49 Ave  
MIAMI, FL 33134


**ARTICLE VI DIRECTOR(S)**


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

ADRIAN FERNANDEZ  
3075 NW 3 ST  
MIAMI, FL  
33125

Rigoberto Requero  
420 SW 49 Ave.  
MIAMI, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 06 day of February, 1998.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

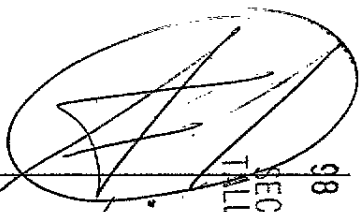
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: INSTITUTE OF TRAINING AND REHABILITATION SERVICES CORP.
2. The name and address of the registered agent and office is:  
AORIAN FERNANDEZ  
(NAME)  
3075 NW 3 ST  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI, FL 33125  
(CITY/STATE/ZIP)

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 

DATE 02/06/98

98 FEB 10 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00