

P98000054903

TRANSMITTAL LETTER

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

500002562785-- 7  
-06/17/98--01055--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Florida Health Rehabilitation Center, 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

FROM: Susana Patricia Herrera  
Name (printed or typed)

1677 NW 91 Ave. Apt 633  
Address

Coral Springs, FL 33071  
City, State & Zip

(954) 255-8485  
Daytime Telephone Number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUN 17 AM 9:46

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

RP  
06-19-98

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUN 17 AM 9:46

## ARTICLES OF INCORPORATION

The undersigned incorporation(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:

Florida Health Rehabilitation Center, Inc.

### ARTICLE II PRINCIPLE OFFICE

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

1677 NW 91 Ave. Apt. 633  
Coral Springs, FL 33071

### 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:

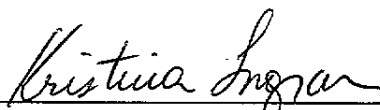
Susana Patricia Herrera  
1677 NW 91 Ave. Apt. 633  
Coral Springs, FL 33071

#### ARTICLE V INCORPORATION (S)

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

Susana Patricia Herrera  
1677 NW 91 Ave. Apt 633  
Coral Springs, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of June, 1998

  
\_\_\_\_\_  
Signature

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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 Health Rehabilitation Center, Inc.

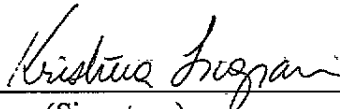
2. The name and address of the registered agent and office is:

Susana Patricia Herrera

1677 NW 91 Ave. Apt 633  
(P.O. Box not acceptable)

Coral Springs, FL 33071  
(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)

DIVISION OF CORPORATION, P.O.BOX 6327, TALLAHASSEE, FL

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