

PG80000057861
TRANSMITTAL LETTER

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

800002573338-- 9
-06/26/98--01042--006
*****70.00 *****70.00

SUBJECT: MIAMI-DADE PHYSICAL REHABILITATION, 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: WALTER LA MENDOLA
Name (printed or typed)

14417 SW 45 TERR.
Address

MIAMI, FL 33175
City, State & Zip

(305) 226-8194
Daytime Telephone Number

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

FILED
98 JUN 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 29 1998

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.

FILED
98 JUN 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MIAMI-DADE PHYSICAL REHABILITATION, INC.

ARTICLE II PRINCIPLE OFFICE

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

14417 SW 45 TERR.
MIAMI, FL 33175

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:

WALTER LA MENDOLA
14417 SW 45 TERR.
MIAMI, FL 33175

ARTICLE V INCORPORATION (S)

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

WALTER LA MENDOLA
14417 SW 45 TERR.
MIAMI, FL 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22ND day
Of JUNE, 1998



Signature

Signature

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: MIAMI-DADE PHYSICAL REHABILITATION, INC.

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

WALTER LA MENDOLA

14417 SW 45TH TERR.
(P.O. Box not acceptable)

MIAMI, FL 33175
(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)

FILED
98 JUN 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA