P98000068262

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

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Bhysical Rehabilitation Services of South Florida, Inc. SUBJECT: (Proposed corporate name- must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: ()\$122.50 () \$131.25 (X)\$70.00 () \$78.75 FROM: Nolvia Guadalupe Herrera Name (printed or typed) 12266 SW 130 St. Address FL 33186 Miami, City, State & Zip (305) 206-5849

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

Daytime Telephone Number

of off

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:

Physical Rehabilitation Services of South Florida, Inc.

ARTICLE II PRINCIPLE OFFICE

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

1266 SW 130 St. Miami, FL 33186

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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:

Nolvia Guadalupe Herrera 12266 SW 130 St. Miami, FL 33186

ARTICLE V INCORPORATION (S)

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

Nolvia Guadalupe Herrera 12266 SW 130 St, Miami, FL 33186

The undersigned incorpora	ntor(s) has(have) executed these Articles of Incorporation	oration this 13th	_day
of July , 1998	. -		
	Allu Signature		enger en
	Signature		مسود د يو منه
	Signature	<u> </u>	<i>26 € 1</i> € 1 € 1

Articles of Incorporation Filing Fee- \$35

CERIFICATE 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:	Physical Rehabilitation Services	
		of South Florida, Inc.	<u> </u>
2.	The name and address of the regis	tered agent and office is: Nolvia Guadalupe Herrera	DI 98
		(P.O. Box not acceptable)	LAND SEE
		Miami, FL 33186 (City/State/Zip)	FLORIDA TION

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