

Charter Number Only
P98000073669

REINSTATEMENT ONLY

Requestor's Name
 Address
 City State ZIP Phone

500002622655--0
 -08/24/98--01002--014
 ****122.50 ****122.50

CORPORATION(S) NAME

Dade Injury Rehabilitation, Inc.



Empire Toll Free: 1-800-432-3028

FILED
 98 AUG 24 AM 10:24:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | <input type="checkbox"/> Mail Out |

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| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

8/24

Cert. Copy

ARTICLES OF INCORPORATION

of

DADE INJURY REHABILITATION, INC

(name of corporation)

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TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

DADE INJURY REHABILITATION, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares (1000) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

| | | | |
|---------|------------------------------|---------|-----------|
| NAME | BONNIE S. MILLER | | |
| ADDRESS | 10021 PINES BLVD - SUITE 212 | | |
| CITY | PEMBROKE PINES | FLORIDA | ZIP 33024 |

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|--------------------------------|---------|-----------|
| NAME | DADE INJURY REHABILITATION INC | | |
| ADDRESS | 10021 PINES BLVD - SUITE 212 | | |
| CITY | PEMBROKE PINES | FLORIDA | ZIP 33024 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

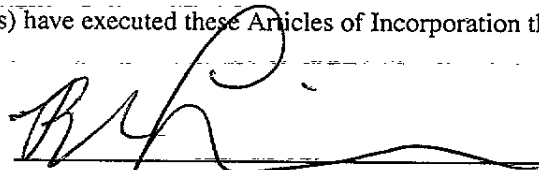
| | | | |
|---------|---------------------|-------|--------------|
| NAME | ROBERT LEWIN | | |
| ADDRESS | 13731 STIRLING ROAD | | |
| CITY | FORT LAUDERDALE | STATE | FL ZIP 33330 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|---------------------|-------|--------------|
| NAME | ROBERT LEWIN | | |
| ADDRESS | 13731 STIRLING ROAD | | |
| CITY | FORT LAUDERDALE | STATE | FL ZIP 33330 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 21 day of AUGUST, 1998.


 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
98 AUG 24 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DADE INJURY REHABILITATION, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 10021 PINES BLVD. SUITE 212
PEMBROKE PINES FL 33024

has named BONNIE S. MILLER
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Bonnie S. Miller
(registered agent)