

Charter Number Only
P98000073669

REGISTRATION ONLY

Requestor's Name
 Address
 City State ZIP Phone

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 -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 10:24:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- Profit
- NonProfit
- Foreign
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Availability
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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:

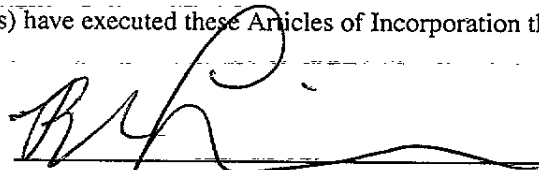
NAME <u>ROBERT LEWIN</u>			
ADDRESS <u>13731 STIRLING ROAD</u>			
CITY <u>FORT LAUDERDALE</u>	STATE <u>FL</u>	ZIP <u>33330</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

ARTICLE VII - INCORPORATORS

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

NAME <u>ROBERT LEWIN</u>			
ADDRESS <u>13731 STIRLING ROAD</u>			
CITY <u>FORT LAUDERDALE</u>	STATE <u>FL</u>	ZIP <u>33330</u>	
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

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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)