

P98000073823



August 18, 1998

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

900002622219--1  
-08/21/98--01079--004  
\*\*\*122.50 \*\*\*122.50

Dear Sirs/Madams;

I have enclosed the articles of incorporation for Professional Rehabilitation Network, Inc. I have also enclosed the check for \$122.50 for the corporation fees and a UPS return envelope for your convenience. If you have any questions, please do not hesitate to contact me. Thank you in advance for your prompt and courteous attention to this matter.

Sincerely;

Amado Lopez

FILED  
98 AUG 21 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CB  
8-24-98

ARTICLES OF INCORPORATION

OF

PROFESSIONAL REHABILITATION NETWORK, INC.

The undersigned incorporator(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:

PROFESSIONAL REHABILITATION NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

PROFESSIONAL REHABILITATION NETWORK, INC.

10026 NW 46 Street

Sunrise, FL 33351

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is :

SIXTY (60)

FILED  
98 AUG 21 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMADO LOPEZ

10026 NW 46 Street

Sunrise, FL 33351

ARTICLE V INCORPORATOR(S)

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

AMADO LOPEZ - President

10026 NW 46 Street

Sunrise, FL 33351

The undersigned incorporator(s) has(have) executed these Articles  
of Incorporation this 18th day of August, 1998.

  
\_\_\_\_\_  
Signature

**FILED**  
98 AUG 21 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: **PROFESSIONAL REHABILITATION NETWORK, INC.**
2. The name and address of the registered agent and office is:

**AMADO LOPEZ**

\_\_\_\_\_  
(Name)


**10026 NW 46 Street**

\_\_\_\_\_  
(Address/P.O. Box NOT acceptable)

**Sunrise, FL 33351**

\_\_\_\_\_  
(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)

**8/18/98**  
(Date)