E USE ONI ZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) 100002638131--8 (Corporation Name) (Document #) <del>'14/'98--010</del>59--008 \*\*\*\*122.50 \*\*\*\*122.5D 4. (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILIGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



September 14, 1998

**LAZARUS** 

MIAMI, FL

SUBJECT: INTERNATIONAL REHABILITATION CENTER INC.

Ref. Number: W98000020892

We have received your document for INTERNATIONAL REHABILITATION CENTER INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Letter Number: 998A00046473

Loria Poole Corporate Specialist

### ARTICLES OF INCORPORATION

98 SEP 21 PM 3: N SECRETARY OF STATALLAHASSEE FLORE

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 | NAME

The name of the corporation shall be:

- STATEWIDE Rehabilitation center. Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1901 s.w. 1st suitE 306 Miami Fl 33135.

#### ARTICLE III SHARES

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

100 %.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Angelio AlFonso. 5425 s.w. 111AUR. Mig Fl 33165

### ARTICLE V INCORPORATOR(S)

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

Angelio AlFonso. 5425 s.w. 111 Auc. Mig Fl 33165.

### ARTICLE VI DIRECTOR(S)

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

Angelio AlFonso (Pres.)
5425 s.w. 1/14m.
Mia Fl 33165.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_ and \_\_\_ day of \_\_\_\_  $5ep \neq$  \_\_\_\_\_, 19 98:

Signature
Signature

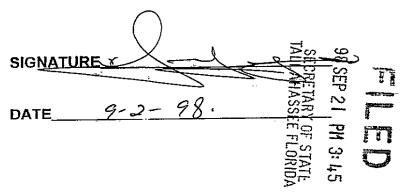
Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

The n	name of the corporation is: 579 te WIDE
R	ehabilitation center Inc.
	name and address of the registered agent and office is:
	Angelio AlFonso. (NAME)
	(NAME)
	5425 S.W. 111 Aul.
<del></del>	(P.O. BOX NOT ACCEPTABLE)
	Mia F/ 33/65- (CITY/STATE/ZIP)
	(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.



**REGISTERED AGENT FILING FEE: \$35.00**