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**Florida Department of State**

**Division of Corporations**  
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**To:**  
Division of Corporations  
Fax Number : (850) 922-4001

**From:**  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**ELITE TRAUMA AND REHABILITATION CENTER, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ELITE TRAUMA AND REHABILITATION CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

ELITE TRAUMA AND REHABILITATION CENTER, INC.

The principal place of business of this corporation shall be:

290 NW 165<sup>TH</sup> STREET, PENTHOUSE 6  
MIAMI, FLORIDA 33169

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Desiree Sebastian  
13412 SW 68<sup>th</sup> Terrace  
Miami, Florida 33183  
Phone: (305) 383-5900

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Desiree Sebastian  
13412 SW 68<sup>th</sup> terrace  
Miami, Florida 33183

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Desiree Sebastian  
13412 SW 68<sup>th</sup> terrace  
Miami, Florida 33183

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of Nov, 1998.

Signature(s) of Incorporator(s)

  
DESIREE SEBASTIAN

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.324, 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:

ELITE TRAUMA AND REHABILITATION CENTER, INC.

2. The name and address of the registered agent and office is:

Desiree Sebastian  
290 N. W. 165<sup>TH</sup> Street  
Miami, Florida 33169

SIGNATURE



Desiree Sebastian

TITLE

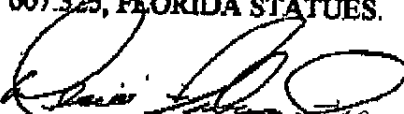
Director

DATE

11/24/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



Desiree Sebastian

DATE

11/24/98

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