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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 23 PM 2:09

Date November 15, 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Phone 850-487-6052

200002694242-3
-11/23/98-01130-008
****122.50 ****78.75

SUBJECT: SUNRISE NEUROLOGICAL SERVICES, INC.

To whom it may concern:

Enclosed is an original and one (1) copy of the articles of incorporation for the above captioned corporation, and a check in the amount of \$122.50.

Please send articles of incorporation to :

6192 Boulevard of Champions
North Lauderdale, FL 33068

Thank you in advance for your attention to this matter.

D. BROWN NOV 30 1998

ARTICLES OF INCORPORATION
OF
SUNRISE NEUROLOGICAL SERVICES, INC.

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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:

SUNRISE NEUROLOGICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

6192 BOULEVARD OF CHAMPIONS

NORTH LAUDERDALE, FL 33068

ARTICLE III SHARES

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

60 - SIXTY

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DEBRA SHEPLER

6192 BOULEVARD OF CHAMPIONS

NORTH LAUDERDALE, FL 33068

ARTICLE V INCORPORATOR(S)

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

DEBRA SHEPLER

6192 BOULEVARD OF CHAMPIONS

NORTH LAUDERDALE, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15TH day of NOVEMBER, 1998.



Signature

Signature

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

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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: SUNRISE NEUROLOGICAL SERVICES, INC.
2. The name and address of the registered agent and office is:

DEBRA SHEPLER
(Name)

6192 BOULEVARD OF CHAMPIONS
(Address/P.O. Box NOT acceptable)

NORTH LAUDERDALE, FL 33068
(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)

11-15-98
(Date)