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DIVISION OF COSPORATIONS

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.

ARTICLES OF INCORPORATION

OF

SUNRISE NEUROLOGICAL SERVICES, INC.

98 NOV 23 PM 2: 09

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:

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

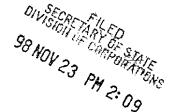
6192 BOULEVARD OF CHAMPIONS

NORTH LAUDERDALE, FL 33068

ARTICLE V INCORPORATOR(S)

The name(s) and Articles of Inc	l street addres corporation is(a	s(es) of the re):	incorporator	(s) to these	
<u>D</u>	EBRA SHEPLER				
_6	192 BOULEVARD O	F CHAMPIONS			
<u> </u>	ORTH LAUDERDALE	, FL 33068			÷
					
•					
-					
The undersigned	d incorporator	(s) has(have)) executed th	ese Articles	
of Incorporati	on this 15TH	Replex			
_		Signature		·	
_		Signature			

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

DEB <u>RA</u>	SHEPLER						
			(N	ame	∍)		
619 <u>2</u>	BOULEVARD	OF	CHAM	(PI	ONS		
	(Address	/P.C). В	ox	NOT	acceptable)	
NORTH	LAUDERDAI	. F	FT.	337	068		

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.

(City/State/Zip)

(Signature)

<u> 11-15-98</u> (Date)