

P98000100810

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800002685968--8

-11/12/98--01073--015

131.25 **87.50

SUBJECT: Ultimate Rehabilitation Center, Inc.
(Proposed corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

() \$70.00
Filing Fee

() \$78.75
Filing Fee
& Certificate

() \$122.50
Filing Fee
& Certified Copy

(X) \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Oscar Hector Zonni
Name (printed or typed)

13490 SW 62 St.
Address

Miami, FL 33183
City, State & Zip

305-385-5847
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

FILED
98 DEC -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W98-25924

TA-12/3/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 17, 1998

OSCAR HECTOR ZONNI
13490 SW 62ND ST
MIAMI, FL 33183

SUBJECT: ULTIMATE REHABILITATION CENTER, INC.
Ref. Number: W98000025924

We have received your document for ULTIMATE REHABILITATION CENTER, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

YOU HAVE #T3 IN ARTICLE IV AND #TS-3 ON THE CERTIFICATE. PLEASE MAKE THE APPROPRIATE CHANGES. IF NEEDED, PLEASE CORRECT THE PRINCIPAL OFFICE ADDRESS.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6926.

Tracy Augsburger
Document Specialist

Letter Number: 398A00055339

Dear Ms. Augsburger:

I am returning the corrected articles of incorporation for Ultimate Rehabilitation Center, Inc., with a copy of your letter as requested. I can be reached at (305)385-5847 during business hours. My business address is:

13499 Biscayne Blvd. TS-3
North Miami, FL 33181

Thank you for your assistance with this matter.

Sincerely,

Antonio Macli

ARTICLES OF INCORPORATION

The undersigned incorporation(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:

Ultimate Rehabilitation Center, Inc.

ARTICLE II PRINCIPLE OFFICE

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

13499 Biscayne Blvd. TS-3
North Miami, FL 33181

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antonio A. Macli
13499 Biscayne Blvd. TS-3
North Miami, FL 33181


ARTICLE V INCORPORATION (S)

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

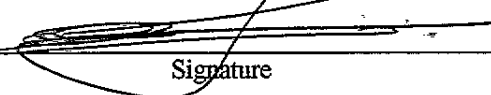
Oscar Hector Zonni
13490 SW 62st.
Miami, FL 33183

Nilda Iris Lucero
13490 SW 62 st.
Miami, FL 33183

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9th day
Of November, 1998



Signature



Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature

Articles of Incorporation
Filing Fee- \$35

**CERIFICATE 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: Ultimate Rehabilitation Center, Inc.

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

Antonio A. Macli

13499 Biscayne Blvd. TS-3
(P.O. Box not acceptable)

North Miami, FL 33181
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

DIVISION OF CORPORATION, P.O.BOX 6327, TALLAHASSEE, FL