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TALLAHASSEE FLORIDA

99 FEB -8 PM 1:20

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

~~THE RAPID REHABILITATION CENTER CO.~~  
(Corporation Name) (Document #)

2. LINDA  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_ 200002764632--0  
(Corporation Name) (Document #)

-02/04/99--01039--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 FEB -4 PM 12:13 99 FEB -4 AM 11:11

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: THERAPEUTIC REHABILITATION CENTER CO.  
Ref. Number: W99000002884

We have received your document for THERAPEUTIC REHABILITATION CENTER CO.. 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.

Loria Poole  
Corporate Specialist

Letter Number: 899A00004998

## ARTICLES OF INCORPORATION

*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:

LINDA REHABILITATION CENTER CO.

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### ARTICLE II PRINCIPAL OFFICE

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

6779 W Flagler st, Miami, FL. 33144

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Garcia.

16300 SW 96 AVE, Miami, FL. 33157

**ARTICLE V INCORPORATOR(S)**

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

Jose Garcia.

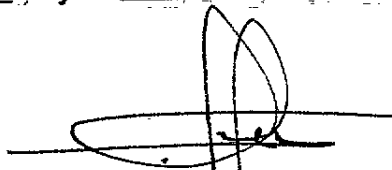
**ARTICLE VI DIRECTOR(S)**

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

Jose Garcia. (P)

16300 SW 96 AVE, Miami, FL 33157

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this two day of February, 1999.

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**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.

1. The name of the corporation is: Linda Rehabilitation  
Center. Co.

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

Jose Garcia  
(NAME)

16300 SW 96 Ave  
(P.O. BOX NOT ACCEPTABLE)

Miami, FL. 33157  
(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 \_\_\_\_\_

DATE 02/02/1999

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REGISTERED AGENT FILING FEE: \$35.00