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To:

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

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

SOUTHEAST FAMILY & REHAB MEDICAL CENTER, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$78.75

B. McKnight JUN 09 1999

H99-13901

ARTICLES OF INCORPORATION

Article 1: Name of Corporation: SOUTHEAST FAMILY & REHAB MEDICAL CENTER, INC.

Address of Corporation: 5775 WEST SUNRISE BLVD.

SUNRISE, FL 33313

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100, with a par value of _____.
(PAR VALUE IS NOT REQUIRED).

Article 3: REGISTERED AGENT: ERNST HYPPOLYTE

REGISTERED OFFICE: 60 NW 161 AVE.

PEMBROKE PINES, FL 33028

* I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

06 / 09 / 99
Date

Ernst Hyppolyte
Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, second is Vice President, then Secretary/Treasurer.

1. ERNST HYPPOLYTE, 60 NW 161 AVE., PEMBROKE PINES, FL 33028

2. ERNST HYPPOLYTE, 60 NW 161 AVE., PEMBROKE PINES, FL 33028

3. AUDE SICARD, 60 NW 161 AVE., PEMBROKE PINES, FL 33028

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

ERNST HYPPOLYTE

60 NW 161 AVE.

PEMBROKE PINES, FL 33028

In witness whereof, I have subscribed my name:

Ernst Hyppolyte
Signature of Incorporator

H99-13901

Prepared by: Ace Industries, Inc., 54 NW 11th Street, Miami, FL 33136, (305) 358-2571

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