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LOCAL REPRESENTATIVE TALLAHASSEE

600002922236--5

-07/02/99--01055--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. BISCAYNE MEDICAL REHAB CENTER, INC.  
(Corporation Name) (Document #)

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

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

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

☒ 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

99 JUL -2 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

RECEIVED  
99 JUL -2 AM 11:13  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

## **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:

**Biscayne Medical Rehab Center, Inc.**

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TALLAHASSEE FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

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

**1090 NE 79th ST. Suite #101  
Miami, FL 33138**

### **ARTICLE III SHARES**

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

**1000 SHARES**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**John Goudie  
1090 NE 79th ST. Suite 101  
Miami, FL 33138**

## **ARTICLE V INCORPORATOR(S)**

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

**John Goudie  
1090 NE 79th ST. Suite 101  
Miami, FL 33138**

## **ARTICLE VI DIRECTOR (S)**

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

(P) **John Goudie  
1090 NE 79th ST. Suite 101  
Miami, FL 33138**

(VP, S) **Rafael Aguila  
1090 NE 79th ST. Suite 101  
Miami, FL 33138**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30 day of July, 1999.

  
Signature

**CERTIFICATE OF DESIGNATION  
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, submit the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

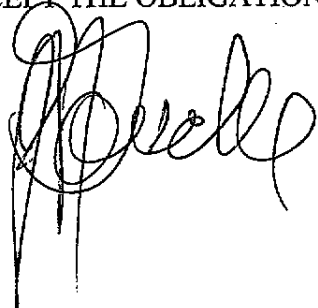
**Biscayne Medical Rehab Center, Inc.**

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

**John Goudie  
1090 N. E. 79th St. Suite 101  
Miami, Fl. 333138**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACEW 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 THE 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**

**FILED  
JUL 1 1999  
CLERK OF STATE  
TALLAHASSEE FLORIDA**