

PP900263023

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002932383--6

-07/15/99--01055--025

*****78.75 *****78.75

OFFICE USE ONLY

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

1. IDEAL DIAGNOSTIC AND REHABILITATION
(Corporation Name) (Document #)

2. CENTER
(Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

RECEIVED
JUL 15 AM 11:11
TALLAHASSEE, FLORIDA

☒ Walk in
☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out
☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
99 JUL 15 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7/15
Examiner's Initials

ARTICLES OF INCORPORATION

The under signed 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:

IDEAL DIAGNOSTIC AND REHABILITATION CENTER, *Inc.*

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ARTICLE II - PRINCIPAL OFFICE:

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

1800 WEST 49 STREET SUITE 118b
HIALEAH, FLORIDA 33012

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:

GUILLERMO RODRIGUEZ
7800 HARDING AVE #4
MIAMI BEACH, FL 33141

ARTICLE V - INCORPORATOR (S):

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

GUILLERMO RODRIGUEZ
7800 HARDING AVE #4
MIAMI BEACH FL 33141

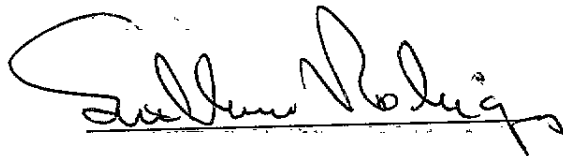
ARTICLE VI - DIRECTOR (S):

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

PRESIDENT : GUILLERMO RODRIGUEZ
7800 HARDING AVE #4
MIAMI BEACH FL 33141

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

13 day of JULY, 1999



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:

IDEAL DIAGNOSTIC AND REHABILITATION CENTER, INC.

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

GUILLERMO RODRIGUEZ
7800 HARDING AVE #4
MIAMI BEACH, FL 33141

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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

DATE: JULY 13, 1999