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LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. DO-IT-ALL MEDICAL REHAB DIVISION 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

FILED  
RECEIVED  
99 OCT 20 PM 12:12  
99 OCT 20 AM 11:29  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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-10/20/99-01052-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

10/20

Examiner's Initials

## ARTICLES OF INCORPORATION

FILED  
99 OCT 20 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:**

Do - It - All Medical Rehab Division Inc.

### ARTICLE II PRINCIPAL OFFICE

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

50 West 29 Th Street

Suite # 4

Hialeah, FL 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:**

Jorge Ramos

555 NE 15 Th Street

APT # 608

Miami, FL 33132

**ARTICLE V INCORPORATOR(S)**

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

( PRESIDENT )

Jorge Ramos

555 NE 151h STREET

APT # 608

MIAMI, FL 33132

**ARTICLE VI DIRECTOR(S)**

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

( PRESIDENT )


Jorge Ramos

555 NE 15 TH STREET

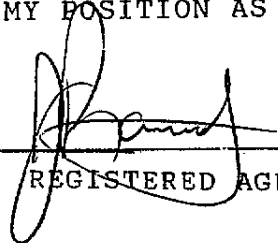
APT # 608

MIAMI, FL 33132

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18th day of October, 1999.

  
Signature  
Signature  
Signature  
99 OCT 20 PM 12:12  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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.

  
REGISTERED AGENT