

P99000104096

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

400003055804--9
-11/29/99--01141--008
*****78.75 *****78.75

SUBJECT: NEURO REHABILITATION CENTER, INC.
(Proposed corporate name - must include suffix)

Enclose is an original and (1) copy of the articles of incorporation and a money order for: \$78.75

FROM: SOFIA B. CUBILLA
Name
13010 NW 1 ST APT-301
Address
PEMBROKE PINES, FL 33028
City, State & Zip
(305) 332-6192
Daytime Telephone Number

FILED
99 NOV 29 PM 1:51
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
NEURO REHABILITATION CENTER, INC

FILED
99 NOV 29 PM 1:51
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

IDENTIFICATION

The name of this Corporation is NEURO REHABILITATON CENTER, INC and its principal place of business is 1830 NW 7 St Suite-1003 Miami , Florida 33125.

ARTICLE II

TERM OF EXISTENCE

This Corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the state of Florida. The date on which corporate existence shall begin is the date on which these Articles of Incorporation are filed with the Secretary of State of the State of Florida.

ARTICLE III

NATURE OF BUSINESS

The corporation may engage in any activities or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

AUTHORIZED SHARES

This Corporation is authorized to issue 100 Shares of Common Stock with a par value of one dollar (\$1.00) per share.

ARTICLE V

REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent is:

SOFIA B. CUBILLA

13010 NW 1 St Apt-301 Pembroke Pines, Fl 33028.

ARTICLE VI

INCORPORATOR

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

SOFIA B. CUBILLA

13010 NW 1 St Apt-301 Pembroke Pines, Fl 33028

ARTICLE VII

DIRECTOR(S)

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

SOFIA B. CUBILLA PRESIDENT

13010 NW 1 St Apt-301 Pembroke Pines , Fl 33028

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 20th day of November, 1999.



Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT**

Pursuant to the provisions of section 607, 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: NEURO REHABILITATION CENTER, INC

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

SOFIA B. CUBILLA
13010 NW 1 St Apt-301
Pembroke Pines, Fl 33028
Ph-(305) 825-7883

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/21/99