

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	0 1 2 2 2 2
SUBJECT: <u>MEDICAL</u> ANA	D REHABICITATION INSTITUTE.  prate name - must include suffix)
	200003056052 -11/29/9901153010 *****78.75 ******78.7
for:  \$70.00 Filling Fee & Certificate	Filing Fee Filing Fee,
	Additional Copy Required  LiQUE A. MARTA.  Name (printed or typed)

Daytime Telephone number

PH 12/2/55

NOTE: Please provide the original and one copy of the articles.

#### FILED

### ARTICLES OF INCORPORATION 99 NOV 29 PM 3: 00

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.

ARTICLET NAME

The name of the corporation shall be:

MEDICAL AND REHABILITATION INSTITUTE CORP.

ARTICLE II PRINCIPAL OFFICE

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

1979 S. MILITARY TRAIC. WEST PAUN BEACH. FL. 33415. (561) 964-2526:

ARTICLE III SHARES

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

FIVE HUNDREDSH (\$5000) OF ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ENRIQUE A- MARTA.
1979 S. MILITARY TRAIL.
WEST PAUN BEACH.
FI. 33415

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ENRIQUE A. MARTA. 1979 S. MILITARY TRAIL WEST PALM BEACH. FLA. 33415.

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

23 day of NOVEMBER, 19 99

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

## Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

James

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OV 29 PM 3: 00

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA TALLAHASSEE, FLORIDA 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.

. The name of the corporation is:	MEDICAL AND REHABILITATION INSTITUTE
-----------------------------------	--------------------------------------

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

ENRIQUE A MARTA.

(NAME)

1979 S.MILITARY TRAIL.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

West Palue BEACH. FC. 33415

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)