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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : I20000000238
Phone : (305)591-9448
Fax Number : (954)753-3447

FLORIDA PROFTT CORPORATION OR P.A.

REHABMAX, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX AUDIT#(((H040000 828313)))

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE,
FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation
under the Florida General Corporation Act, hereby adopt(s) the following
Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

REHABMAX, INC..

The principal place of business of this corporation shall be:

1418 COLLINS AVENUE #401

MIAMI BEACH, FL 33139.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of
the United State, the State of Florida, or any other State, Country,
Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this
corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

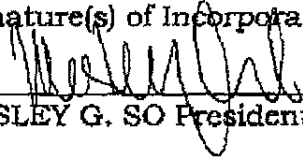
The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): WESLEY G. SO whom resides at 1418 COLLINS AVENUE #401 MIAMI BEACH, FL 33139.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are): WESLEY G. SO whom resides at 1418 COLLINS AVENUE #401 MIAMI BEACH, FL 33139.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1st day of April, 2004.

Signature(s) of Incorporator(s)


WESLEY G. SO President/Incorporator/Registered Agent

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 REHABMAX, INC.
2. The name and address of the registered agent and office is:

WESLEY G. SO

1418 COLLINS AVENUE #401

MIAMI BEACH, FL 33139.

SIGNATURE: _____

TITLE: Incorporator/Registered Agent

Date: _____

4/7/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: _____

Date: _____

4/7/04

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