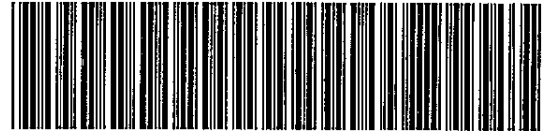


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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04 JAN 15 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Omni Rehab Services, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Precioso Timonera
(Name of Person)

Omni Rehab Services, Ltd.
(Firm/Company)

1174 E. Vine St.
(Address)

Kissimmee, Fl. 34744
and Zip Code)

For further information concerning this matter, please call:

Precioso Timonera at (407) 932-1882
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF LIMITED PARTNERSHIP

FILED

04 JAN 15 PM 12:0

1. Omni Rehab Services, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1174 E. Vine St., Kissimmee, Florida 34744
(Business address of Limited Partnership)

3. Precioso Timonera
(Name of Registered Agent for Service of Process)

4. 1174 E. Vine St., Kissimmee, Florida 34744
(Florida street address for Registered Agent)

5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1174 E. Vine St., Kissimmee, Florida 34744
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2030

8. Name(s) of general partner(s):	Street address:
<u>Precioso Timonera</u>	<u>2825 Middleton Cir., Kissimmee</u>
<u>Jovel Ray Ong</u>	<u>1174 E. Vine St., Kissimmee</u>
<u>Isabelle Ong</u>	<u>2823 Middleton Cir., Kissimmee</u>

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 5th day of January, 2004

Signature of all general partners:

<u>[Signature]</u> General Partner	_____ General Partner
<u>[Signature]</u> General Partner	_____ General Partner
<u>[Signature]</u> General Partner	_____ General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

FILED

04 JAN 15 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of Omni Rehab Services, Ltd.

a Florida Limited Partnership, certify:

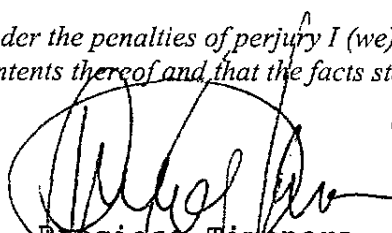
The amount of capital contributions to date of the limited partners is \$ 900.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 900.00

Signed this 5th day of January, 2004

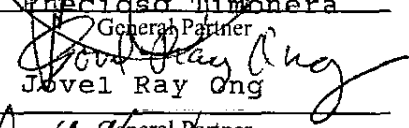
FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.



Preciso Timonera
General Partner

General Partner



Jovel Ray Ong
General Partner

General Partner



Isabelle Ong
General Partner

General Partner