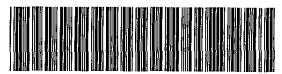
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Certified Copies	Certificates	of Status	-
Special Instructions to	Filing Officer:		
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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1.	The name of the limited partnership as identified in the records of the Florida Department of State 12: 18 Omni Rehab Services, Ltd.
<u>In</u>	SET limited partnership's Florida document number: SET. TALLAHASSEE, FLORIDA
or At	tach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited rtnership filing fees.
2.	The complete name of the entity after filing Statement of Qualification shall be:
	Omni Rehab Services, L.L.L.P.
	Omni Rehab Services, L.L.L.P. (Must include LLLP or L.L.P.)
3.	The street address of its chief executive office:  (if different from current recorded address):
4.	The street address of principal office in Florida:  (if different from above)
5.	The limited partnership hereby elects to be a limited liability limited partnership.
6.	The effective date of this filing shall be:  as of the date this document is filed with the Florida Secretary of State  or  a date later than the time of filing:
7.	The name and Florida street address of the partnership's agent for service of process:  Precioso Timonera  1174 E. Vine St
	1174 E. Vine St Kissimmee, Florida34744
	e execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.
Si	gned this 5th day of January 2004
Sig	gnature of TWO Partners:
Ту	ped or printed names of partners signing above: Precioso Timonera

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75