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Rehabilitation and Recovery, Inc.

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Rehabilitation and Recovery, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

(State or country under the law of which it is incorporated)

3. 65-0948631

(FEI number, if applicable)

4. November 18, 2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8122 Datapoint Drive, Suite 900, San Antonio, Texas 78229

(Principal office address)

8122 Datapoint Drive, Suite 900, San Antonio, Texas 78229

(Current mailing address)

8. vessel ownership

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 1333 North Duval Street

Tallahassee

(City)

Florida 32303

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Gayle W. Winkle

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

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A. DIRECTORSChairman: Thomas W. Lyles, Jr.Address: 8122 Datapoint Drive, Suite 1000San Antonio, TX 78229

Vice Chairman: _____

Address: _____

Director: Daniel E. LeiningerAddress: 8122 Datapoint Drive, Suite 1000San Antonio, TX 78229Director: Charles A. StaffelAddress: 8122 Datapoint Drive, Suite 1000San Antonio, TX 78229**B. OFFICERS**President: Daniel E. LeiningerAddress: 8122 Datapoint Drive, Suite 1000San Antonio, TX 78229

Vice President: _____

Address: _____

Secretary: Thomas W. Lyles, Jr.Address: 8122 Datapoint Drive, Suite 1000, San Antonio, TX 78229Treasurer: Charles A. StaffelAddress: 8122 Datapoint Drive, Suite 1000, San Antonio, TX 78229SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas W. Lyles, Jr., Secretary

(Typed or printed name and capacity of person signing application)

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FAX NO. : 8506683398

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Geoffrey S. Connor
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Rehabilitation and Recovery, Inc. (filing number: 800416189), a Domestic Business Corporation, was filed in this office on November 18, 2004.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 09, 2004.



A handwritten signature in black ink, appearing to read "G. Connor".

Geoffrey S. Connor
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Phone: (512) 463-5555
Prepared by: SOS-WEB

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