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Division of Corporations  
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Division of Corporations  
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From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**PALM REHABILITATION INSTITUTE, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

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**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

June 12, 2000

FAS-T

SUBJECT: PALM REHABILITATION INSTITUTE, INC.  
REF: W00000014748

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Becky McKnight  
Document Specialist

FAX Aud. #: H00000031081  
Letter Number: 600A00033293

**ARTICLES OF INCORPORATION**  
Of  
**PALM REHABILITATION INSTITUTE, INC**  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: **PALM REHABILITATION INSTITUTE, INC**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00 ) par value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and name of the Initial Registered Agent at that office is:

NAME	MARIO FERNANDEZ		
ADDRESS	55 WEST 28TH STREET		
CITY	HIALEAH	FLORIDA	ZIP 33012

The principal office, if known, or the mailing address of the corporation is:

NAME	MARIO FERNANDEZ		
ADDRESS	55 WEST 28TH STREET		
CITY	HIALEAH	FLORIDA	ZIP 33012

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by-laws, but shall never be than one (1)  
The name and addresses of the initial director (s) of the corporation are as follows:

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NAME	MARIO FERNANDEZ		
ADDRESS	55 WEST 29 TH STREET		
CITY	HIALEAH	STATE	FLORIDA
			ZIP 33012
NAME	HEREDIO GONZALEZ		
ADDRESS	55 WEST 29 TH STREET		
CITY	HIALEAH	STATE	FLORIDA
			ZIP 33012
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP


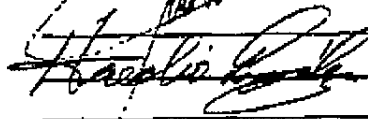
ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MARIO FERNANDEZ		
ADDRESS	55 WEST 29 TH STREET		
CITY	HIALEAH	STATE	FLORIDA
			ZIP 33012
NAME	HEREDIO GONZALEZ		
ADDRESS	55 WEST 29 TH STREET		
CITY	HIALEAH	STATE	FLORIDA
			ZIP 33012
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of  
Incorporati on this 1st day of JUNE, 2000.

PREPARED: SOSA ACCOUNTING TAX SERVICE  
570 E 49 ST HIALEAH, FL 33013  
(305) 688-1716  
(305) 688-1714

 (Seal)  
 (Seal)  
\_\_\_\_\_  
(Seal)

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**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT  
OF  
**PALM REHABILITATION INSTITUTE, INC**  
(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its registered  
office as indicated in the Articles of Incorporation.

AT: 55 WEST 29 TH STREET  
HIALEAH, FLORIDA 33012

has named MARIO FERNANDEZ

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply with  
provisions of Florida Law in keeping open said office.

  
(registered agent)

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