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From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335 : (305)599-0839 Phone Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

PHYSICAL MEDICINE AND REHABILITATION MANAGEMENT, INC

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FLORIDA DEPARTMENT OF STATE Katherine Harris Semetary of State

July 19, 2000

FAS-T

SUBJECT: PHYSICAL MEDICINE AND REHABILITATION MANAGEMENT, INC.

REF: W00000018076

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ARTICLES OF INCORPORATION

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PHYSICAL MEDICINE AND REHABILITATION MANAGEMENT, INC.

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this Corporation is Physical Medicine and Rehabilitation Management, Inc.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the corporation is 6230 S.W. 144th Street, Miami, Florida 33156.

ARTICLE III - DURATION

The Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue shall be 10,000 shares of ONE DOLLAR (\$1.00) par value voting common stock.

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ARTICLE VI - INITIAI, REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 2699 South Bayshore Drive, Fifth Floor, Miami, 33133 and the name of the initial registered agent of this Corporation at that address is Miguel G. Farra.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than ONE (1). The name and address of the initial director of this Corporation is:

MIKE R. DECARDENAS, M.D. 6230 S.W. 144th STREET MIAMI, FLORIDA 33156

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:

MIGUEL G. FARRA 2699 SOUTH BAYSHORE RIVE SUITE 500 MIAMI, FLORIDA 33133

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this Id

Incorporator

CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

PHYSICAL MEDICINE AND REHABILITATION MANAGEMENT, INC.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

That Physical Medicine and Rehabilitation Management, Inc. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, at the City of Miami, County of Miami-Dade, State of Florida, has named Miguel G. Farra as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 18 day of July , 2000.

MIGUEL G. FARRA

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