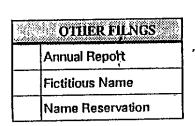
RUS CORPORATE FILING SERVICE 800003407818--0 -09/28/00--01040--022 ******78.75 ******78.75 (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY 3. (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2,00 ↓ | Walk in Certified Copy Certificate of Status Will wait Photocopy Mail out RICHI CH INICC

	NEW FILINGS
X	Profit
	NonProfit
,	Limited Liability
	Domestication
	Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger





Examiner's Initials

ARTICLES OF INCORPORATION

The under signed incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME:

The Name of the corporation shall be:

PROFESSIONAL THERAPEUTIC REHABILITATION CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:

9600 SW 8th. Street Suite #18 Miami, Fl. 33174

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred Shares (500) with a value of \$1,00 each.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is: Leslie Gonzalez
10350 SW 12 St.
Miami, Fl. 33174

ARTICLE V - INCORPORATOR (S):

The name(s) and street address(s) of the incorporator (s) to these Articles of Incorporation is (are):

Leslie Gonzalez, as President 10350 SW 12 St. Miami, Fl. 33174

ARTICLE VI - DIRECTOR (S):

The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

Leslie Gonzalez, as President with the 100% of shares 10350 SW 12 Street Miami, Fl. 33174

The undersigned incorporat	or (s) has (have) executed	d these Articles of Incorporation this
26thay of <u>September</u>	, pxxxx 2000	· · · · · · · · · · · · · · · · · · ·

Leslie Gonzalez. President.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the Undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: PROFESSIONAL THERAPEUTIC REHABILITATION CENTER, INC.
- 2. The name and address of the registered agent and office is: Leslie Gonzalez 10350 SW 12 St.
 Miami, Fl. 33174

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Leslie Conzalez. President

DATE: SEPTEMBER 26th.