

P01000021413

February 22, 2001

Martha Mendez
7819 N. Dale Mabry, Suite 106
Tampa, Florida 33609
Telephone: 813-727-2096

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

100003767411--5
-02/26/01--01078--009
*****78.75 *****78.75

Dear sirs/madams:

Please process the enclosed Articles of Incorporation for Medical Rehabilitation Center of Tampa, Inc. along with a money order for \$ 78.75. I appreciate your prompt attention to this filing. Thank you so much.

Sincerely,

Martha Mendez

FILED
01 FEB 26 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-28-01
10-88-2
102

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: **Medical Rehabilitation Center of Tampa, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

Business:
**7819 N. Dale Mabry, Suite 106
Tampa, Florida 33614**

Mailing:
**7819 N. Dale Mabry, Suite 106
Tampa, Florida 33614**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

**Martha Mendez
7819 N. Dale Mabry, Suite 106
Tampa, Florida 33614**

ARTICLE V INCORPORATOR

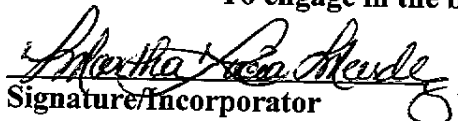
The name and address of the incorporator to these Articles of Incorporation are:

**Martha Mendez
7819 N. Dale Mabry, Suite 106
Tampa, Florida 33614**

ARTICLE VI PURPOSE

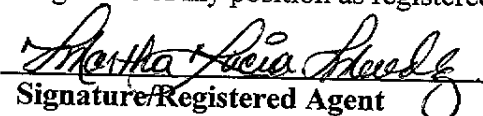
The business purpose of this corporation is:

To engage in the business of medical rehabilitation services


Signature/Incorporator

2/22/01
Date

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relating to the proper and compete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.


Signature/Registered Agent

2/22/01
Date

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TALLAHASSEE, FLORIDA