P01000049841

TRANSMITTAL LETTER

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



Livingwell Rehabilitation Ctrs., Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX) SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

Joseph Perry FROM:

Name (Printed or typed)

650 12th Street

500004271496--R -05/18/01--01094--001

******87.50 *****87.50

Address

Vero Beach, FL 32960

City, State & Zip (561) 778-3135

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



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:

Living Well Rehabilitation Ctrs., Inc.

PRINCIPAL OFFICE

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

650 12th Street Vero Beach, FL 32960

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joseph Perry 650 12th Street

Vero Beach, FL 32960 ARTICLE V INCORPORATOR

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

Joseph Perry 650 12th Street Vero Beach, FL 32960

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent