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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number: 072450003255

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FLORIDA PROFIT CORPORATION OR P.A.

south florida rehab., inc.

Carrie of Contract	A-21/24
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Page Count	2 3
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B. McKnight JUN 0 1 2001

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2001

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SUBJECT: SOUTH FLOIRDA REHAB., INC.

REF: W01000012324

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ARTICLES OF INCORPORATION

OF

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE

The name of this corporation shall be:

SOUTH FLORIDA REHAB., INC.

ARTICLE !!

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

6830 PINES BOULEVARD, PEMBROKE PINES, FL. 3302

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1000 shares having an individual par value of \$1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

MARK FRITZ 1750 NW 127TH WAY CORAL SPRINGS, FLORIDA 33071

ARTICLE VI

The name and address of the initial board of director(s) shall be:

MARK FRITZ 1750 NW 127TH WAY, CORAL SPRINGS, FLORIDA 33071 - PRESIDENT BARBARA GLUCK 520 WEST HALLANDALE BEACH BLVD., HALLANDALE, FL 33009 - VICE PRES.

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

MARK FRITZ 1750 NW 127TH WAY, CORAL SPRINGS, FLORIDA 33071

The undersigned has exe	cuted these Articles of Incorp	oration this 29
day of MAY	20 01	
	. 1	a

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SOUTH FLORIDA REHAB., INC.

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

OT MAY 31 AM 11: 52
SECRETARY OF STATE