P01000058684 TRANSMITTAL LETTER

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

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SUBJECT:	Number-One Rehab Care, Inc.		
(Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for:			
\$ 70.00 Filing Fee	_X_\$ 78.75 Filing Fee & Certificate	\$ 122.50 Filing Fee & Certificate Copy	\$131.25 Filing Fee, Certificate Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

Pembroke Pine, Fl 33028

City, State and ZIP

Maria de J. Gonzaelz

Name (Printed or typed)

13034 NW 9th Court

Address

Pembroke Pine, Fl 33028

City, State and ZIP

(954) 704-1860

NOTE:

Please provide the original and one copy of the articles

Daytime Telephone number

31

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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

المعالمة المراسطية

The name of the entity to be incorporated shall be:

Number-One Rehab Care, Inc.

ARTICLE II Principal Office

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

13034 NW 9th Court Pembroke Pine, FL 33028

ARTICLE III Shares

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

100 Shares at \$ 5.00 each

ARTICLE IV Initial Registered Agent and Street Address The name and Florida street address of the initial registered agent are:

> Maria de J. Gonzalez 13034 NW 9th Court Pembroke Pine, FL 33028

A James of

ARTICLE V Incorporator

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

President

Maria de J. Gonzalez 13034 NW 9th Court Pembroke Pine, FL 33028 100 Shares

ARTICLE VI Effective Date

The effective date of starting business shall be:

June 10th, 2001

Havia de Jesus Gonzals Signature/Incorporator

06/04/01 Date

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

Maria de Jesus Gonjaly Signature/Begistered Agent

06/64/0).

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SECRETARY OF STATE
ANASSEE FLORIDA