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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.

HEALTHMED REHAB CENTERS OF AMERICA, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H01-123297

Articles of Incorporation

Article 1: Name of Corporation: **HEALTHMED REHAB CENTERS OF AMERICA, INC.**

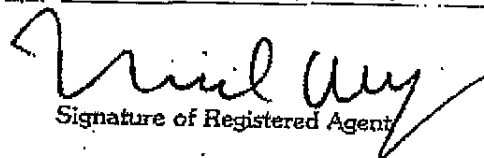
Address of Corporation: **4486 N. UNIVERSITY DR.
LAUDERHILL, FLORIDA 33351**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **200**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **MICHAEL W. SKOP, ESQ.**

REGISTERED OFFICE: **12865 W. DIXIE HWY.
N. MIAMI, FLORIDA 33161**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.


Signature of Registered Agent

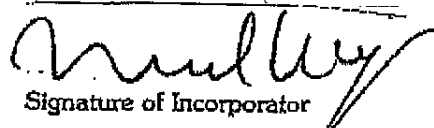
Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **ALBERT ARANA, P.O. BOX 25085, FORT LAUDERDALE, FLORIDA 33320**
2. **KENNETH BERG, 4486 N. UNIVERSITY DR., LAUDERHILL, FLORIDA 33351**
3. **LEAH RODAS, 4486 N. UNIVERSITY DR., LAUDERHILL, FLORIDA 33351**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**MICHAEL W. SKOP, ESQ.
12865 W. DIXIE HWY.
N. MIAMI, FLORIDA 33161**

In witness whereof, I have subscribed my name:


Signature of Incorporator

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