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Florida Department of State**Division of Corporations****Public Access System****Katherine Harris, Secretary of State****Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

02 MAY 21 AM 7:54

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FLORIDA PROFIT CORPORATION OR P.A.**SUNCOAST REHAB MEDICAL CENTER, INC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF

Suncoast Rehab Medical Center, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall Be:

Suncoast Rehab Medical Center, Inc..

The principal place of business of this corporation shall be:

3205 SW 106 Ave Miami, FL 33165 Principal Office

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

1000 shares par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Cira Fresco
3205 SW 106 Avenue
Miami, FL 33165

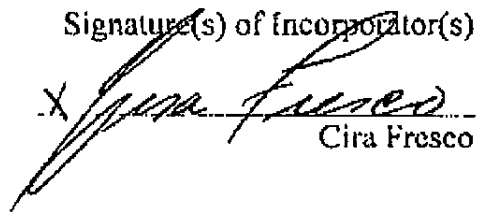
ARTICLES VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

SAME AS ABOVE

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 21 day of May 2002.

Signature(s) of Incorporator(s)

X 
Cira Fresco

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 21 AM 7:54

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1. The name of the corporation:
Suncoast Rehab Medical Center, Inc..
2. The name and address of the registered agent and office is:
Cira Fresco

3205 SW 106 Avenue
(P.O. BOX NOT ACCEPTABLE)
Miami, FL 33165
(CITY/STATE/ZIP)

SIGNATURE

TITLE

DATE

Cira Fresco
Owner
5/2/02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

Cira Fresco
5/2/02