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CORPORATION NAME(S) & DOCUMENT NUMI	BER(S) (if known):
1. DOCTOR CAMPILLO REHABILIT	ATION CENTER, INC.
2. (Corporation Natura)	(Document #)
3. (Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
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Reinstatement Trademark

Other

Examiner's Initials

Name Reservation

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Doctor Campillo Rehabilitation Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

5040 NW 7 St. Suite 632 Miami, FL 33126

ARTICLE III -SHARES

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

One hundred

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis M. Campillo 9731 NW 28 Terra Miami, FL 33172

SECRETARY OF STATE ALCAMA SEE FLOWIDA

ARTICLE V - INCORPORATOR

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

Luis M. Campillo. 9731 NW 28 Terra Miami, FL 33172

The undersigned incorporator has executed these Articles of Incorporation this $_{-0.6-}$ day of $_{-100}$

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Luis M. Campillo Rosa Campillo Elizabeth Fernandez President. Vicepresident. Treasurer.

5040 NW 7 St. Suite 632 Miami, FL 33126

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature