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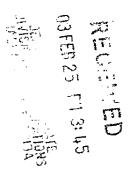
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ARTICLES OF INCORPORATION 2003 FEB 25 AM 8:22

SEUNE TARY OF STATE TALLAHASSEE FLORIDA

OF

C & C MEDICAL & REHABILITATION CENTER INC.

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:

C & C MEDICAL & REHABILITATION CENTER INC.

ARTICLE II: PRINCIPAL OFFICE

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

7171 CORAL WAY STE 417 MIAMI FL. 33155

ARTICLE III: CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: CARLOS CONCEPCION 3560 NW 99th ST MIAMI FL. 33147

ARTICLE V: INCORPORATOR(S)

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

CARLOS CONCEPCION 3560 NW 99th ST MIAMI FL. 33147

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

CARLOS CONCEPCION - PRESIDENT-D 3560 NW 99th ST -MIAMI FL. 33147

The undersigned has (have) executed these Articles of Incorporation this 19 Days of February. 2003.

Signature/Title

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION TALLAHASSEE FLORIDA 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.

- 1. The name of the corporation is:
 - c & C MEDICAL & REHABILITATION CENTER INC.
- 2. The name and address of the registered agents and office is:

CARLOS CONCEPCION 3560 NW 99th ST MIAMI FL. 33147

	· · · · · · · · · · · · · · · · · ·		SIGNED: (Corporate Officer)	,
٠	,		TITLE:	, <u>,</u>
		<u></u>	DATE:	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

	() M
signature: 🗸	10/
DATE:	

REGISTERED AGENT FILING FEE: \$20.00