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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

FLORIDA PROFIT CORPORATION OR P.A.
MIRISAN REHABILITATION INSTITUTE, INC.

Certificate of Status	0
Certified Copy	1
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[Signature]

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ARTICLES OF INCORPORATION

OF

Mirisan Rehabilitation Institute, 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:
Mirisan Rehabilitation Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**3990 West Flagler Street Suite 406
Miami, FL 33134**

ARTICLE III SHARES

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

1000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is :

**Santiago Bello
4960 S.W. 95 Ct
Miami, FL 33165**

ARTICLE V INCORPORATOR(S)

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

Santiago Bello
4960 S.W. 95 Ct.
Miami, FL 33165

ARTICLE VI OFFICER(S)

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

PRESIDENT

Santiago Bello
4960 S.W. 95 Ct
Miami, FL 33165

VICE-PRESIDENT

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation

this 12 Day of March 2003



Signature

Signature

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

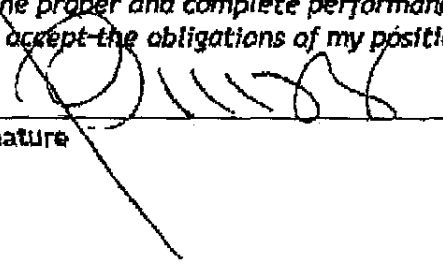
Mirisan Rehabilitation Institute, Inc.

2. The name and address of the registered agent and office is:

**Santiago Bello
4960 S.W. 95 Ct
Miami, FL 33165**

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.

Signature



**Santiago Bello
4960 S.W. 95 Ct
Miami, FL 33165**