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CORPORATION NAME(s) &	DOCUMENT NUME	BER(S) (if knewn):	
1. NEW NEHA!	3, 7NC.	(Document #)	<u>- </u>
2. (Corporation Name)		(Document #)	
3. (Corporation Name)		(Document #)	
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NEW FILINGS	AMENDME Amendment	NIS	
NonProfit	Resignation of R.	Resignation of R.A., Officer/Director	
. Limited Liability		Change of Registered Agent	
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Other	Merger		
OTHER FILINGS	REGISTRATION QUALIFICATION		
Annual Repotit Fictitious Name	Foreign		
Name Reservation	Limited Partnersh	ip	
	Reinstatement		
	Trademark		·
•	Other		iner's Initials

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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:

NEW REHAB, INC.

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ARTICLE II - PRINCIPAL OFFICE

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

9300 SW 43 ST. MIAM FI 33165

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GISELA CANALS 9300 SW 43 St. MIAMI FL 33165

ARTICLE V - INCORPORATOR

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

GISELA CANALS 9300 SW 93.ST. MAMI FL. 33/65

The undersigned incorporator has executed these Articles of Incorporation this 19 day of 144 1 2003

Signature

ARTICLE VI- DIRECTOR(S)

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

GISELA CANALS 9300 SW 43 St. MIAMI FL 33165

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