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CORPORATION NAME(S) & I	OOCHMENT NUMBER	(S) (if known).
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NEW FILINGS	AMENDMENTS	Name of the second seco
Profit	Amendment	
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. Limited Liability	Change of Registered Agent	
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Other	Merger	
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OTHER FILNGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	
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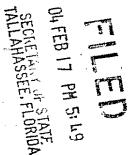
ARTICLES OF INCORPORATION

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:

OCEAN Blue Rehab, Inc.



ARTICLE II - PRINCIPAL OFFICE

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

4160 West 16th Ave. Suite #306 Hialeah. Fl. 33012-5853

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:

Eraicy 60n2ales 4160/ Wost 16 Aue. Suite 306 Hialant. Fl. 33012.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of	
Incorporation is: Eraicy Gonzalez	,
10021 W Okbechobee Rd # 201	
Hialoch Bardens, A. 33016.	
The undersigned incorporator has executed these Articles of P Incorporation this 4 day of 2 20 00 P	
Signature SST 7	
ARTICLE VI- DIRECTOR(S)	

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

Eraicy Gonzalez. President 4160 West 16 Ave Suite 306 Haleah, H. 33012.

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