Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name ; WILLIAM J. STRANGE

Account Number : I19980000052

: (305)267-2767

Fax Number

.: (305)267-2775

FLORIDA PROFIT CORPORATION OR P.A.

HEALTH TRUST REHABILITATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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04 MAR 3 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

HEALTH TRUST REHABILITATION, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTH TRUST REHABILITATION, INC.

The principal place of business of this corporation shall be:

21725 S.W. 99TH AVENUE Miami, Florida 33190

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

SHARES#

PAR VALUE

STOCK DESCRIPTION

250

\$1.00

Common Stock

WILLIAM J. STRANGE 1325 S.W. 87^{TR} AVENUE-MIAMI, FL 33174 PHONE (305)267-2767 FAX (305)267-2775 H04000046099

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ARTICLE IV TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

BOARD OF DIRECTORS:

OFFICER'S TITLE

- NAME

ADDRESS

President:

GRETCHEN GAITAN RUZ

21725 S.W. 99TH VENUE

Miami, Florida 35190

Treasurer:

GRETCHEN GAITAN RUZ

21725 S.W. 99TH VENUE

Secretary: GRETCHEN GAITAN RUZ

Miami, Florida 33190 21725 S.W. 99THAVENUE

Miami, Florida 3,8190

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ARTICLE VI

The name and post office addresses of each of the subscribers to this certificate of incorporation and the number of shares of stocks which each subscriber agrees to take, are as follows:

NAME

ADDRESS

NO. OF SHARES

GRETCHEN GAITAN RUZ

21725 S.W.99THAVENUE 250 Miami , Florida 33190

SUBSCRIBER: GRETCHEN GAITAN RUZ

Awtono

21725 S.W. 99THAVENUE

Miami, Florida 33190

GRETCHEN GAITAN RUZ

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ARTICLE VII INCORPORATOR(S)

	name(s) poration i		street	address(es)	of	the	Incorporator(s)	to	this	articles	of
NAI	ME.				A	DDB	ŒSS				

Signature(s) of Incorporator(s)	
UWA 1:	

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

HEALTH TRUST REHABILITATION, INC.

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

NAME
GRETCHEN GAITAN RUZ

21725 S.W. 99THAVENUE
Miami, Florida 33190

SIGNATURE

PRESIDENT

DATE

March od, 1004

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.

SIGNATURE	Aa	A	me	
DATE _	March	oð,	7004	

04 MAR -3 PH 12: 00
SECRETARY OF STATE

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WILLIAM J. STRANCE 1325 S.W. 87TH AVENUE-MIAMI, FL 33174 PHONE (305)267-2767 FAX (305)267-2775