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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422

is

10/25/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SUPERIOR CARE REHAB, INC.

Certificate of Status	0
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Page Count	06
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ARTICLES OF INCORPORATION

- OF -

SUPERIOR CARE REHAB, INC.

We the UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

SUPERIOR CARE REHAB, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

Prepared by:
JIM SIERRA & ASSOCIATES
3350 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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TALLAHASSEE, FLORIDA

FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

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ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

9756 SW 222ND TERRACE
MIAMI, FL 33190

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member(s) of the first Board of Directors of this corporation is as follows:

DIANA ESCOBER DIAZ
9756 SW 222ND TERRACE
MIAMI, FL 33190

ARTICLE IX

The name and street address of the person(s) signing these Articles of Incorporation as subscriber is as follows:

DIANA ESCOBER DIAZ
9756 SW 222ND TERRACE
MIAMI, FL 33190

Prepared by:
JIM SIERRA & ASSOCIATES
5530 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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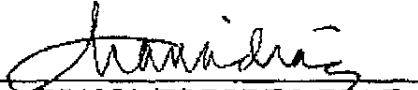
FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422
(((H04000214456 3)))

Oct. 27 2004 10:51AM P4

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, DIANA ESCOBER DIAZ, being natural person(s), competent to contract, has here unto set his/their hands and seal this 27 day of OCTOBER, 2004.


DIANA ESCOBER DIAZ
Pres/VP/Sec/Treas

Prepared by:
JIM SIERRA & ASSOCIATES
3330 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

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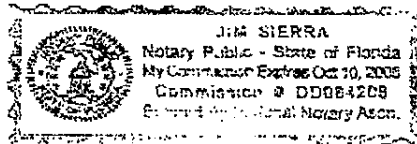
**STATE OF FLORIDA S.S.
COUNTY OF MIAMI-DADE**

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared
DIANA ESCOBER DIAZ, known and known to me, to be the person(s) described herein and who
executed the foregoing Articles of Incorporation, and he/she/they acknowledged before me that
he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 27 day of October, 2004.


JIM SIERRA
Notary Public

My commission expires:



Prepared by:
JIM SIERRA & ASSOCIATES
5550 SW 87TH AVENUE
MIAMI, FL 33165
TEL (305) 271-7310
FAX (305) 271-4422

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FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

Oct. 27 2004 10:52AM P6

((H04000214456 3)))

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

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

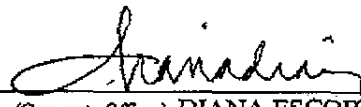
FIRST THAT: SUPERIOR CARE REHAB, INC..

WITH ITS PLACE OF BUSINESS AT: 9756 SW 222ND TERRACE MIAMI FL 33190

HAS NAMED DIANA ESCOBAR DIAZ
(Name of Registered Agent)

LOCATED AT 9756 SW 222ND TERRACE MIAMI FL 33190
(Street address and number of building - PO Box address ARE NOT acceptable)

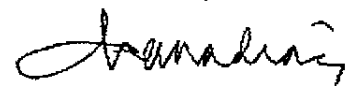
CITY OF MIAMI STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
FLORIDA.

SIGNATURE 
(Corporate Officer) DIANA ESCOBAR DIAZ

TITLE: Pres/VP/Sec/Treas

DATE: 10/27/04

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 
(Registered Agent) DIANA ESCOBAR DIAZ

DATE: 10/27/04

Prepared by:
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