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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.
A1 DORAL REHABILITATION CENTER, INC.

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ARTICLES OF INCORPORATION

OF

A1 DORAL REHABILITATION CENTER, 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

A1 DORAL REHABILITATION CENTER, INC.

The principal place of business of this corporation shall be:

3401 NW 82ND AVE #102 MIAMI FL 33122

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any all lawful activities of 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 aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND @ \$1.00

PER VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

(Registered Agent)

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

JORGE C. GAMONEDA, PRESIDENT, DIRECTOR
3401 NW 82ND AVE #102
MIAMI FL 33122

CLAUDIA C. FACCHINELLI, SECRETARY, DIRECTOR
3401 NW 82ND AVE #102
MIAMI FL 33122

ARTICLE VI INCORPORATOR(S)

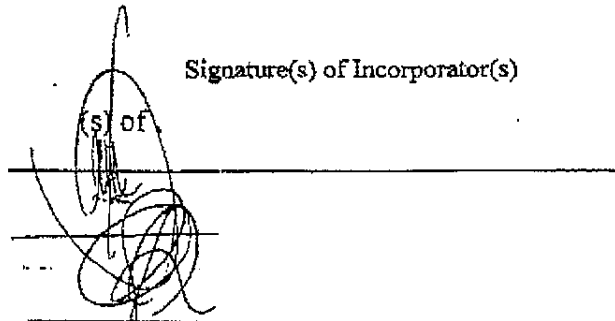
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

RODOLFO V. ARRUIRANA	50%
CLAUDIA C. FACCHINELLI	50%

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 8 day of December 2004.

Signature(s) of Incorporator(s)

(s) of



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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 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:

A1 DORAL REHABILITATION CENTER, INC.

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

JORGE C. GAMONEDA

3401 NW 82ND AVE # 102

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33122

(CITY/STATE/ZIP)

SIGNATURE _____

(Corporate Officer) (Registered)

TITLE PRESIDENT

DATE December 8, 2004

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 _____