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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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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05 MAR -7 AM 8:23

FLORIDA PROFIT CORPORATION OR P.A.

Clermont & Area Rehabilitation Solutions, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CLERMONT & AREA REHABILITATION SOLUTIONS, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11603 ROPER BLVD
CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE $0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

Director, President:	JACQUELINE WEEKES 11603 ROPER BLVD. CLERMONT, FLORIDA 34711
Director, Vice-President:	GARY MACDONALD 604 PERKINS STREET LEESBURG, FLORIDA 34711
Secretary, Treasurer:	PATTY BARTLETT 604 PERKINS STREET LEESBURG, FLORIDA 34748

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JACQUELINE WEEKES
11603 ROPER BLVD.
CLERMONT, FLORIDA 34711

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ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JACQUELINE WEEKES
11603 ROPER BLVD.
CLERMONT, FLORIDA 34711

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Jacqueline Weekes 3/4/05
Signature / Registered Agent Date

Jacqueline Weekes 3/4/05
Signature / Incorporator Date