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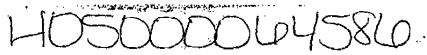
Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

g & j medical rehab center inc.

Certificate of Status	0
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Page Count	03
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ARTICLES OF INCORPORATION



OF

G & J MEDICAL REHAB CENTER INC.

The undersigned incorporator hereby forms a corporation in compliance with chapter 607, F.S. of the laws of the State of Florida.

The name of the corporation shall be:

G & J MEDICAL REHAB CENTER INC.

ARTICLE II. PRINCIPAL OFFICE

The address of the principal office of this corporation shall be \$03 S. 21 AVE UNIT # 102, HOLLYWOOD, FL 23020, and the mailing address of the corporation shall be the same.

ARTICLE IU. SHARES

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

The number shares which this corporation shall the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

P, 02/03

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ARTICLE IV. INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of incorporator to these Articles of Incorporation are:

GEORGINA LOPEZ 1885 COLLINS AVE SUITE # 205 MIAMI BEACH, FLORIDA 33139.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GEORGINA LOPEZ 1255 COLLINS AVE SUITE # 205 MIAMI BEACH, FLORIDA 39139.

ARTICLE VI OFFICERS AND DIRECTORS

GEORGINA LOPEZ 1255 COLLINS AVE SUITE # 205 MIAMI BEACH, FLORIDA

Signature Incorporator

33139.

(An additional article must be added if an effective date is requested)
Having been named as registered agent and to accept service of process for

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certicate, 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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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