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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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MAR 15 11:34
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

g & j medical rehab center inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

3

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.

ARTICLE I. NAME

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 **505 S. 21 AVE UNIT # 102, HOLLYWOOD, FL 33020**, and the mailing address of the corporation shall be the same.

ARTICLE III. 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.

FILED
MAR 15 2005
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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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
1255 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
33139.

ARTICLE VI OFFICERS AND DIRECTORS

GEORGINA LOPEZ
1255 COLLINS AVE SUITE # 205 MIAMI BEACH, FLORIDA
33139.




Signature Incorporator

3/10/05

Date

(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 the above stated corporation at the place designated in this certificate, 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 statutes 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

3/10/05

Date

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