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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 203-0381

From: Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
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FILED
2005 MAY 31 AM 11:46
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ADVANCED THERAPY & REHABILITATION CENTER INC.

Certificate of Status	1
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6/01/05

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ARTICLES OF INCORPORATION

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

2005 MAY 31 AM 11:46

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED THERAPY & REHABILITATION CENTER INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO BOX 174034
HIALEAH, FL 33017-4034**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL CENTER

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALEXIS LUIS (PRESIDENT/DIRECTOR)
PO BOX 174034
HIALEAH, FL 33017-4034**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:ALEXIS LUIS
11211 SW 48 ST
MIAMI, FL 33165**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:ALEXIS LUIS
11211 SW 48 ST
MIAMI, FL 33165

Having been named as registered agent to accept service of process for the above stated 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

x Alexis Luis
Signature/Registered Agent

05/31/2005

Date

x Alexis Luis
Signature/Incorporator

05/31/2005

Date

((H050001356793))