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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

Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

impact rahab and wellness, inc.

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ARTICLES OF INCORPORATION 05 JUL 27 AM 10: 56

OF

TALLAHASSEE, FLORIDA

IMPACT REHAB AND WELLNESS, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: IMPACT REHAB AND WELLNESS, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 10832 GRANDE BLVD., WEST PALM BEACH, FL 33412

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1.000 shares of common stock, having an individual par value of \$ 1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: DAVID SABOR, 10832 GRANDE BLVD., WEST PALM BEACH, FL 33412

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRES/SEC STEVEN KARM

VICE PRES/TREAS DAVID SABOR

2134 RADNOR COURT NORTH PALM BEACH, FL 33412

10832 GRANDE BLVD. WEST PALM BEACH, FL 33412

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

> EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 27th day of JULY, 2005.

> Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE ALLAHASSEE STATE

IMPACT REHAB AND WELLNESS, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

pavid Salar 10832 Grande Blud WPB, FL 33412

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