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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

FLORIDA PROFIT CORPORATION OR P.A.

CORDOVA REHABILITATION CENTER INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
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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:

CORDOVA REHABILITATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1850 SW 8TH ST SUITE 202
MIAMI, FL 33135**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):

ELIER CORDOVA (PRESIDENT/DIRECTOR)
1850 SW 8TH ST SUITE 202
MIAMI, FL 33135**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:ELIER CORDOVA
1850 SW 8TH ST SUITE 202
MIAMI, FL 33135**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:ELIER CORDOVA
1850 SW 8TH ST SUITE 202
MIAMI, FL 33135

*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 ELIER

Signature/Registered Agent

09/02/2005

Date

x ELIER

Signature/Incorporator

09/02/2005

Date

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