

FROM : Division of Corporations

FAX NO. :

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT CORPORATION OR P.A.
COMPLEMENTARY REHABILITATION CENTER, INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Complementary Rehabilitation Center, inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4109 North Armenia Ave.
Suite A, Tampa, FL 33607

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Reinaldo V. Claveria
4109-A North Armenia Ave.
Tampa, FL 33607

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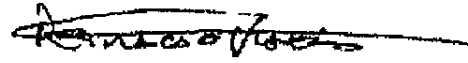
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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Angel M. Carrasco, MD - President
Reinaldo V. Claveria - Vice President
4109-A North Armenia Ave.
Tampa, FL 33607

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____ 20____


Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Angel M. Carrasco, MD - President
Reinaldo Claveria - Vice President
4109-A North Armenia Ave.
Tampa, FL 33607

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature

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