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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Y OF SOATE	DM : L	FILED
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other			

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporates(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:

JEN & DI REHABILITATION CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

8351 S.W. 11 TERR. MIAMI, FL. 33144

ARTICLE III SHARES

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

100 Shares of stock at \$5.00 each.

ARTICLE IV INITIAL REGISTERES AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAYRA QUESADA 8351 S.W. 11 TERR Miami Fl. 33144

ARTICLE V INCORPORATOR(s)

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

Mayra Quesada 8351 S.W. 11 Terr. Miami Fl. 33144

Fernando Martinez 8351 S.W. 11 Terr. Miami Fl. 33144

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

Mayra Quesada, President 8352 S.W. 11 Terr. Miami Fl. 33144

Fernando Martinez, Vice-President 8351 S.W. 11 Terr. Miami Fl. 33144

The undersigned incorporates(s) has (have) executed these Articles of Incorporation this November 3, 2005

President:

Vice-President:

SIGNATURE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE RESIGNATED 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 M FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent

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