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FLORIDA PROFIT/NON PROFIT CORPORATION

CYPRESS THERAPY CENTER, INC

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September 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L. ZARUS CORPORATE FILING SERVICE, INC.

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The document number of the name conflict is P03000120388 - CYPRESS THERAPY CENTER, INC..

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Charatha Golden
Regulatory Specialist II
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H09000194879

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.

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TALLAHASSEE, FLORIDA

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ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

CYPRESS REHAB CENTER, INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

13721 CYPRESS TERRACE CIRCLE
Suite 702
FORT MYERS, FL, 33907

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

CURTIS E. GARNER.
13721 CYPRESS TERRACE CIRCLE
Suite 702
FORT MYERS FL 33907

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

CURTIS E. GARNER
13721 CYPRESS TERRACE CIRCLE
Suite 702
FORT MYERS, FL, 33907

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

1 DAY OF September, 2009



SIGNATURE

Dr. Curtis E. Garner

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

CURTIS E. GARNER (P)
13721 CYPRESS TERRACE CIRCLE
Suite 702
FORT MYERS, FL, 33907.

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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TALLAHASSEE, FLORIDA

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