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FLORIDA PROFIT/NON PROFIT CORPORATION
COLONIAL REHAB CENTER INC.

Certificate of Status	0
Certified Copy	1
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EP 12/7/09

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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.

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ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Colonial Rehab Center Inc.

ARTICLE II - PRINCIPAL OFFICE

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

4531 DE LEON ST. SUITE 203
FT. 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

HARRIETTA CECCARELLI
4531 DE LEON ST. SUITE 203
FT. MYERS FL 33907

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

HARRIETTA CECCARELLI,
4531 DE LEON ST. SUITE 203
FT. MYERS FL 33907

The undersigned incorporator has executed these Articles of Incorporation this

4 day of December 09.



Signature

HARRIETTA CECCARELLI D.C

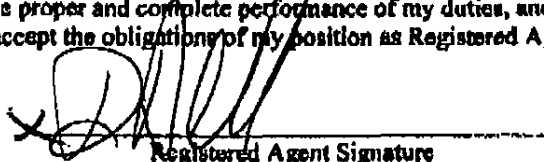
ARTICLE VI - DIRECTOR(S)

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

HARRIETTA CECCARELLI (P)

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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