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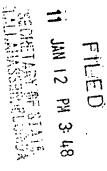
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	5757 MEDICAL REHABILI	TATION, INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		J. RUANO e (Printed or typed)	
	5757 SW 8	STREET, SUITE 204	
		Address	
		FL 33144 , State & Zip	
	Daytime	Telephone number	
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

TALLAHASSEE, ELORGA

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.

<u>ARTICLE I – NAME</u>

The name of the corporation shall be:

5757 MEDICAL REHABILITATION, INC.

ARTICLE II - PRINCIPAL OFFICE

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

5757 SW 8 STREET, SUITE 204 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 NO PAR VALUE

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

MARITZA J. RUANO 5757 SW 8 STREET, SUITE 204 MIAMI, FL 33144

FILED

ARTICLE V - INCORPORATORS(S) 11 JAN 12 PM 3: 48

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

MARITZA J. RUANO – PRESIDENT 5757 SW 8 STREET, SUITE 204 MIAMI, FL 33144

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST day of January, 2011

%gnature

ARTICLE VI - DIRECTOR(S)

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

MARITZA J. RUANO – PRESIDENT 5757 SW 8 STREET, SUITE 204 MIAMI, FL 33144

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