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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BRANA REHAB MEDICAL CENTER, INC**

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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:

*BRANA REHAB Medical Center, INC*

**ARTICLE II - PRINCIPAL OFFICE**

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

*3900 NW 79 AVE Miami FL 33166  
SUITE 215*

**ARTICLE III - SHARES**

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

*100*

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*CARLOS RAFAEL MOLINA  
3900 NW 79 AVE  
SUITE 215  
Miami FL 33166*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLE V - INCORPORATOR

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

CARLOS RAFAEL MOLINA  
3900 NW 79 AVE  
SUITE 215  
MIAMI FL 33166

The undersigned incorporator has executed these Articles of Incorporation this

17 day of MARCH 20 11.Carlos Molina

Signature

ARTICLE VI - DIRECTOR(S)

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

CARLOS RAFAEL MOLINA (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.

Carlos Molina

Registered Agent Signature

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