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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PROFESSIONAL REHAB THERAPY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFESSIONAL REHAB THERAPY, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)
Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: **PROFESSIONAL REHAB THERAPY, INC.**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under
the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (\$)
(\$ 5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	RAUL OLAZABAL		
ADDRESS	3939 NW 7 ST SUITE 202		
CITY	MIAMI	STATE	FL ZIP 33125

The principal office, if known or the mailing address of the corporation is:

NAME	RAUL OLAZABAL		
ADDRESS	3939 NW 7 ST SUITE 202		
CITY	MIAMI	STATE	FL ZIP 33125

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be
either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

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NAME	RAUL OLAZABAL		
ADDRESS	3050 NW 13 ST		
CITY	MIAMI	STATE FL	ZIP 33125
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows :

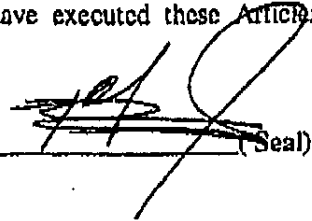
NAME	RAUL OLAZABAL		
ADDRESS	3050 NW 13 ST		
CITY	MIAMI	STATE FL	ZIP 33125
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 3RD day May, 2011.

PREPARED: SOSA ACCOUNTING TAX SERVICE
570 EAST 49 STREET
HIALEAH, FL 33013

(305) 688 - 1716

(305) 688 - 1714


(Seal)

(Seal)

(Seal)

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**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF REGISTERED AGENT
OF**

PROFESSIONAL REHAB THERAPY, INC.

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with its
registered office as indicated in the Articles of Incorporation.

Address 3939 NW 7 ST SUITE 202

MIAMI, FL 33125

Has named RAUL OLAZABAL

Located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with provisions of Florida Law in keeping open said office.


(registered agent)