

P9710029/35

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

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-03/04/97 -01072--018
****122.50 ****122.50

Dear Sirs:

Please find enclosed my check for \$ 122.50 to cover for the filing of a new corporation in the name of WHITE CROSS REHABILITATION CENTERS, INC. plus the fees for designation of a registered agent and certified copy of the incorporation.

I would appreciate you send all documents pertaining this filing to:

White Cross Rehabilitation Centers, Inc.
Att: Ms Magaly Aguilera
14366 SW 97 Terrace
Miami Fl 33186

Thank you for your cooneration


Magaly Aguilera

3-3-97

FILED
97 MAR -4 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

 3/11

ARTICLES OF INCORPORATION

FILED
97 MAR -4 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

White Cross Rehabilitation Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14366 SW 97 Terrace
Miami Florida 33186

ARTICLE III SHARES

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

20 stocks - No par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGALY A GUILLERA
14366 SW 97 Terrace
Miami FL 33186

ARTICLE V - TERMS OF EXISTENCE

This corporation is to exist perpetually

ARTICLES VI INCORPORATOR(S)

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

MAGALY AGUILERA
14366 SW 97 Terrace
Miami FL 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 3rd day of MARCH, 19 97.

Signature(s) of Incorporator(s)

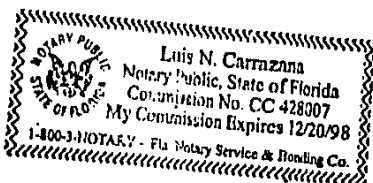
[Signature]

STATE OF FLORIDA
COUNTY OF

Dade

THE FOREGOING instrument was acknowledged and, sworn to before me this 3rd day of MARCH, 19 97, by MAGALY AGUILERA
(Name of Incorporator)

of White Cross Rehabilitation Centers, Inc.
(Name of Corporation)



(SEAL)

Notary Public

[Signature]

My Commission Expires:

12/20/98

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

WHITE CROSS REHABILITATION CENTERS, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

MAGALY AGUILERA
(NAME)


14366 SW 97 TERRACE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FL 33186
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

MARCH 3, 1997
(DATE)