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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION ARTICLES OF INCORPORATION

OF

International Rehabilitation Services, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is International Rehabilitation Services, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2758 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Margaret Paul, 2758 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Willy Paul, President, Vice President, Treasuer & Secretary, 2758 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311.

The undersigned has executed these Articles of Incorporation this 3rd day of April 1997.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

Cuptal Hugger

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



Pursuant to the provisions of mection 607.0501, Florida Statutes, the mentioned corporation, organised under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

| l. The nam | e of the co | rporation is | 11 | | |
|------------|-------------|--------------|----------|------------|----------|
| Intern | national | Rehabilita | ition. | Services | Inc. |
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| office is: | Marya | ret fuv | <u> </u> | | <u> </u> |
| 2158 | W. Oakle | and Park | Blud. | , Ft. Lava | lerdale |
| F1 | 3331/ | | | | |

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 HERBY 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.