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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: FAB-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: NEW LIFE THERAPIC CNETER, INC.
AUDIT NUMBER.....H97000011296
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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ARTICLES OF INCORPORATION
OF

NEW LIFE THERAPIC CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NEW LIFE THERAPIC CENTER, INC.

The principal place of business of this corporation shall be:
3940 NW 12 TERRACE
MIAMI, FLORIDA 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALBERTO E. FORTES: 3940 NW 12 TERR., MIAMI, FLORIDA 33126
MIRIAM M. FORTES : 3940 NW 12 TERR., MIAMI, FLORIDA 33126
LAZARO R. MARTINEZ : 10390 SW 27 ST., MIAMI, FLORIDA 33165

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TALLAHASSEE, FLORIDA

PREPARED BY:
ALBERTO E. FORTES
3940 NW 12 TERRACE
MIAMI, FLORIDA 33126
(305) 551-7703

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALBERTO E. FORTES : 3940 NW 12 TERR., MIAMI, FLORIDA 33126
MIRIAM M. FORTES : 3940 NW 12 TERR., MIAMI, FLORIDA 33126
LAZARO R. MARTINEZ: 10390 SW 27 ST., MIAMI, FLORIDA 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation, this 10th day of JULY, 1997.

Signature(s) of incorporator(s)

Alberto E. Fortes

Lazaro Martinez

Miriam M. Fortes

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

NEW LIFE THERAPIC CENTER, INC.

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

ALBERTO E. FORTES 3940 NW 12 TERRACE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33126
(CITY/STATE/ZIP)

SIGNATURE Alberto E. Fortes

TITLE DIRECTOR

DATE JULY 10th, 1997

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Alberto E. Fortes

DATE JULY 10th, 1997