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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1045-97

William MORAGUES
Requestor's Name

420 SE 7 Ave.
Address

Hialeah, FL 33010
City State ZIP Phone

885-0229

VALIDATION ONLY

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-10/16/97--01010--025
****122.50 ****122.50

CORPORATION(S) NAME

Central Rehabilitation Center Inc.



Empire Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reservation	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Walk In	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> Mail
<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up	

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DIVISION OF CORPORATIONS

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K. Rollins OCT 16 1997

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CENTRAL REHABILITATION CENTER INC

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:

Central Rehabilitation Center, Inc

ARTICLE II PRINCIPAL OFFICE

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

900 West 49 St. Suite #304
Hialeah. FL 33012

ARTICLE III CAPITAL STOCK

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

500

ARTICLE IV INITIAL REGISTERED
AGENT AND ADDRESS

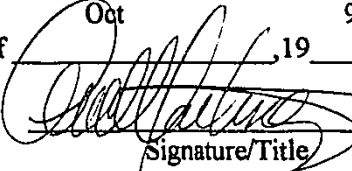
The name and address of the initial registered agent is: Mrs Ana Maria Martinez
14472 SW 139 Ave Circle
Miami, FL 33186

ARTICLE V INCORPORATOR(S)

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

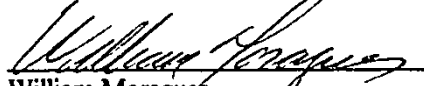
Mrs. Ana Maria Martinez
14472 SW 139 Ave Circle
Miami, FL 33186

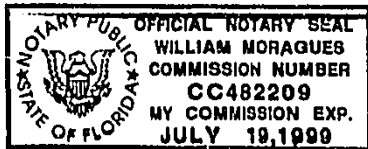
The undersigned has (have) executed these Articles of Incorporation this
Thirteen

_____ day of Oct, 1997


Signature/Title President

Sworn to and subscribed before me This Thirteen day of Oct. A. D 1997


William Moragues
Notary Public, State of Florida
My Commission exp:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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

Central Rehabilitation Center, Inc

is _____

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

Mrs. Ana Maria Martinez
14472 SW 139 Ave Circle,

(P.O. BOX NOT ACCEPTABLE)

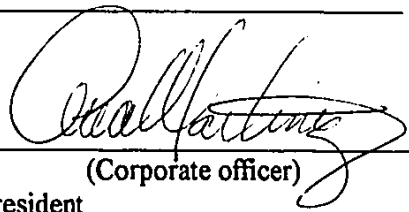
Miami, FL 33186

(CITY/STATE/ZIP)

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 13 DAY OF Oct, 1997

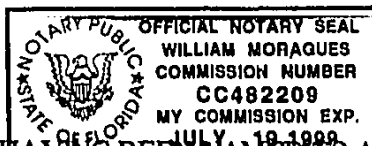

NOTARY PUBLIC STATE OF FLORIDA
COMMISSION EXP. JULY 18 1998

SIGNATURE _____


(Corporate officer)

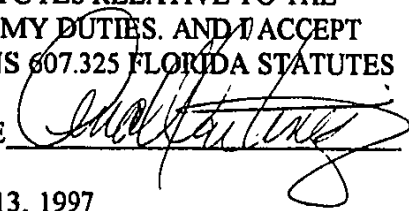
TITLE _____ President

DATE _____ Oct. 13 1997



~~HAVING BEEN TRAINED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE~~
STATE 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 SECTIONS 607.325 FLORIDA STATUTES

SIGNATURE _____



DATE Oct 13, 1997

REGISTERED AGENT FILING FEE: \$20.00