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TO: DIVISION OF CORPORATIONS

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FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: LA LUZ REHAB CENTER, INC.

AUDIT NUMBER.....H97000018976

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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Secretary of State

November 14, 1997

FAS-T CORP AGENTS

SUBJECT: LA LUZ REHAB CENTER, INC.
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ARTICLES OF INCORPORATION

OF

LA LUZ REHAB 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: LA LUZ REHAB CENTER, INC.

The principal place of business of this corporation shall be: 6741 CORAL WAY #47
MIAMI, FLORIDA 33155

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: 1 000

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):

P/D- MARIA CARDOSO
6741 CORAL WAY # 47
MIAMI, FLORIDA 33155

PREPARED BY:
EC PROFESSIONAL SERVICES
6850 CORAL WAY # 206
MIAMI, FLORIDA 33155
(305)665-8089

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ARTICLE VI INCORPORATOR(S)

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

MARIA CARDOSO
6741 CORAL WAY # 47
MIAMI, FLORIDA 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7 day of NOVEMBER, 1997.

Signature(s) of Incorporator(s)

x Maria Cardoso

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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 LA LUZ REHAB CENTER, INC.

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

6741 CORAL WAY # 47

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33155

(CITY/STATE/ZIP)

SIGNATURE *Maria Cardoso*
(corporate officer)

TITLE PRESIDENT

DATE 11/7/97

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 *Maria Cardoso*

DATE 11/7/97

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