CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

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OF

Sletten Wellness & Rehabilitation, 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 Sletten Wellness & Rehabilitation, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 660 Peck Avenue, Fort Myers, FL 33919.

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

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The name and address of the initial registered agent is Robert K. Lewis, Jr., 6237A Presidential Court, Fort Myers, FL 33919-3508.

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 Marva Sletten, 660 Peck Avenue, Fort Myers, FL 33919.

The undersigned has executed these Articles of Incorporation this 26th day of March, 1998.

"Capital Connection, Inc. by Cheri Lyn Boucher , Client Representative"

Wer Tyn Boucher

CERTIFICATE OF DESIGNATION RESISTERED OFFICE

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Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 Fictida.

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	Sle	tten \	Wellne	ess & Reh	abilitat	ion,	Inc.			Mahad Bili va
2. 	The		end	street	addi eg	e of	che	registered	agent	ខ១៧
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE THE ABOVE STATES CORPORATION AT THE PLACE PROCESS FOR I HERETY ACCEPT THIS CERTIFICATE. DESIGNATED ΪN REGISTERED AGENT AND AGREE TO ACT IN THIS APPOINTMENT I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE WITH AND ACCEPT THE I AM FAHILIAR AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

May Jay