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

OF

PIEDAD REHABILITATION MEDICAL CENTER CORPORATION

The undersigned subscriber(s)of these Articles of Incorporation natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:PIEDAD REHABILITATION MEDICAL CENTER CORP.

The initial principal place of business of this corporation shall be P.O.BOX 165640, Miami Florida 33116

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or lawful activities or business permitted under the laws of the United States; the State of Florida or any other State.

ARTICLE III. CAPITAL STOCK

The initial number of shares of stock that this corporation is authorized to have outstanding at any one time 100 shares of common stock having a value of \$1.00 dollar each.

ARTICLE IV. REGISTERED AGENT AND REGISTERED OFFICE

The registered agent's office shall be located at 4143S.W.74th

Court; Miami FLORIDA 33155, and the name of the initial registered agent of the corporation is Alfred Catter.

ARTICLE V. TERMS OF EXISTENCE

This corporation shall exist perpetually, unless sooner dissolved __ according to law.

ARTICLE VI. SPECIAL PROVISIONS

It is the intent of the incorporator(s) that the corporation will qualify as an "S" corporation under the Internal Revenue Code.

Such actions as are necessary will be taken by the appropriate officers to acomplish this compliance.

ARTICLE VII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or untill their successors are elected or appointed are, and their titles are:

1.Alfred Catter
4143S.W.74th Court #100
Miami,Florida 33155

PRESIDENT/VICEPRESIDENT
TREASURER/SECRETARY

ARTICLE VIII. DIRECTORS

This corporation shall have no directors, initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws.

ARTICLE IX INCORPORATORS

The name and address of the incorporator(s) to these Articles of incorporation is(are):

Alfred Catter
4143 S.W.74th Court # 100
Miami,Florida 33155

ARTICLE X. SUBSCRIBERS

The names and addresses of the subscribers to these Articles of incorporation, and the number of shares each agree to take are as follows:

Alfred Catter

500 Sheres

ARTICLE XI. STOCKHOLDERS"MEETINGS

The time and place of the annual stockholder's meeting shall be fixed and prescriber for in the Bylaws and notice of same shall be given in one of the methods within or without the State.

Any stockholder's may waive notice of the time, place and purpose of the meeting, either before or after such meeting.

ARTICLE XII. OFFICERS

The officers of this corporation shall be a President, Vicepresident, Secretary and Treasurer.

Any person may hold two or more offices. This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner or hereafter prescribed by law.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:	Piedro Remailetation Medico (Cente	= 7
•	Confonstion	

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

ALFRED CATTER	98 M	OSIAR:
(NAME) 4143 SW 74 th Court #100	1Y 28	ANYIA ANYIA ANYIA
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	AM TO	중유 급 응양
MIAHI-FLORIDA 33/55 (CITY/STATE/ZIP)	57	TATIL

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 hereby 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.

(SIGNATURE) (DATE (A) # C360 - 006 - 39 - 308 - 0



