

P98000076571

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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

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LOCAL REPRESENTATIVE TALLAHASSEE

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-09/02/98--01059--013
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. POWER REHABILITATION CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

98 SEP -2 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

98 SEP -2 AM 11:10
DIVISION OF CORPORATION
RECEIVED

Examiner's Initials

ARTICLES OF CORPORATION

OF

POWER REHABILITATION CENTER, INC.

The undersigned Corporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Corporation.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES I NAME

The name of the corporation shall be: POWER REHABILITATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 8390 West Flagler Street, Suite 208, Miami, Florida 33144

ARTICLE III CAPITAL STOCK

The number of shares of stock to this corporation is authorized to have outstanding at a one time is: ONE HUNDRED (100) SHARES AT ONE (\$1.00) DOLLARS PAR VALUE.

ARTICLE IV RESIDENT AGENT

The name and address of the initial registered agent is: JORGE T. NOVOA 9782 SW 97th Terrace, Miami, Florida 33165

ARTICLE V INCORPORATOR(S)

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

JORGE T. NOVOA
9782 SW 97th Terrace
Miami, Florida 33165
President (shares 25%)

JORGE L. RAAD
14934 SW 38th Terrace
Miami, Florida 33185
Vice-President (shares 25%)

MILAGROS C. NOVOA
9782 SW 97th Terrace
Miami, Florida 33165
Secretary (shares 25%)

TANIA GONZALEZ
14934 SW 38th Terrace Treasurer (shares 25%)
Miami, Florida 33185

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the directors(s) to these Articles of Corporation is (are):

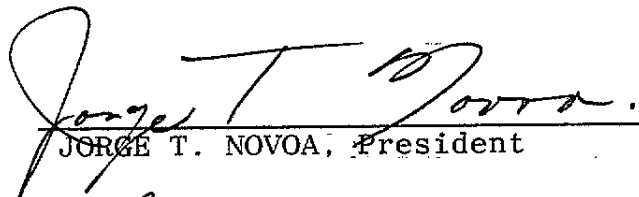
JORGE T. NOVOA
9782 SW 97th Terrace
Miami, Florida 33165

JORGE L. RAAD
14934 SW 38th Terrace
Miami, Florida 33185

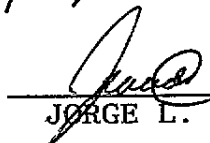
MILAGROS C. NOVOA
9782 SW 97th Terrace
Miami, Florida 33165

TANIA GONZALEZ
14934 SW 38th Terrace
Miami, Florida 33185

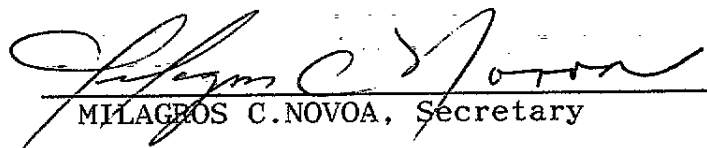
The undersigned Corporation(s) has (have) executed these Articles of Corporation this 28th day of August 1998.




JORGE T. NOVOA, President



JORGE L. RAAD, Vice-President



MILAGROS C. NOVOA, Secretary



TANIA GONZALEZ, Treasurer

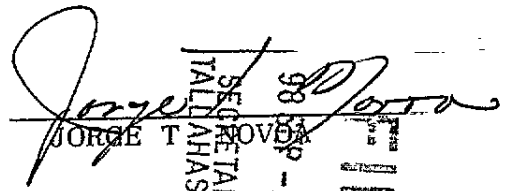
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: _____
POWER REHABILITATION CENTER, INC. _____

2. The name and address of the registered agent and office is: _____
JORGE T. NOVOA
9782 SW 97th Terrace
Miami, Florida 33165

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 
JORGE T. NOVOA

DATE August 28, 1998

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SECRETARY OF STATE
TALLAHASSEE FLORIDA