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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: ACE INDUSTRIES. INC.

ACCT#: 070744001530

CONTACT: PAM FRIEDMAN PHONE: (305)358-2571

FAX #: (305)358-7832

NAME: PRIME REHAB GROUP, INC. AUDIT NUMBER..... H98000017961

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

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ARTICLES OF INCORPORATION FILED

98 SEP 28 PM 2: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Article 1: Name of Corporation: PRIME REHAB GROUP, INC.

Address of Corporation: 15304 TALL OAK AVENUE

DELRAY BEACH, FL 33446

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 1.000 , with a par value of _____. (PAR VALUE IS NOT REQUIRED).

Article 3: REGISTERED AGENT: MARCIA FOX

REGISTERED OFFICE: 1750 WEST OAK KNOLL CIRCLE

FORT LAUDERDALE, FL 33324

I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED). First listed is President, second is Vice President, then Secretary/Treasurer.

1.

2.

3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

MELISSA ESH

15304 TALL OAK AVENUE

DELRAY BEACH, FL 33446

In witness whereof, I have subscribed my name:

Signature of Incorporator

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Prepared by: Ace Industries, Inc., 54 NW 11th Street, Miami, FL 33136, (305) 358-2571