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LAZARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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98 NOV -2 PM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA
98 NOV -2 AM 10:53
RECEIVED

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

1. RECOVER BY REHAB, SOUTH, 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

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

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*****78.75 *****78.75

11/2/98

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

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ARTICLE I NAME

The name of the corporation shall be:

RECOVER BY REHAB, SOUTH, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

19074 NE 29th Avenue, Aventura, FL 33180

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:

One Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is:

Larry Charson
4101 Ravenswood Rd, suite 116
Dania, FL 33312

ARTICLE V INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation are:

Larry Charson
4101 Ravenswood Rd, suite 116
Dania, FL 33312

ARTICLE VI DIRECTORS

The names and addresses of the initial directors to these Articles of Incorporation are:

Larry Charson
4101 Ravenswood Rd, suite 116
Dania, FL 33312

The undersigned incorporator has executed these Articles of Incorporation this 15th day of September, 1997.


signature

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 agent/office in the State of Florida.

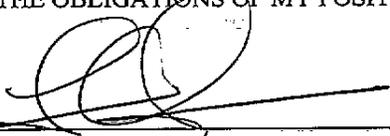
1. The name of the corporation is: Pediatric Wellness Center, Inc.
2. The name and address of the registered agent and office is:

Larry Charson
4101 Ravenswood Rd, suite 116
Dania, FL 33312

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 OF 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 _____



10/29/98

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