(Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Document #) Pick up time 2,00 Walk in Certified Copy Mail out Will wait Certificate of Status Photocopy AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS REGISTRATION/ QUALIFICATION. Annual Report YOU G HOISINIA Foreign 🕝 Limited Partnership Fictitious Name Name Reservation Reinstatement Trademark Other

Examinēr's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 16, 1999

LAZARUS

MIAMI, FL

SUBJECT: NEW LIFE THERAPY CENTER, INC.

Ref. Number: W99000003885

We have received your document for NEW LIFE THERAPY CENTER, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 699A00006886

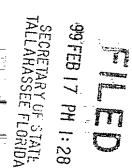
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NEW LIFE REHABILITATION CENTER, INC.



ARTICLE II PRINCIPAL OFFICE

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

1401 SW 107 Ave Suite # 301-x Miami FL 33174

ARTICLE III SHARES

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

1000

\$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Manuel Rodriguez 880 NW 132 Ave West Miami FL 33182

ARTICLE V INCORPORATOR(S)

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

Manuel Rodriguez 880 Nw 132 Ave West Miami FL 33182

ARTICLE VI DIRECTOR(S)

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

Manuel Rodriguez 880 NW 132 Ave West Mïami, FL 33182

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _______, 19 99 _.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

The name of the corporation is: NEW LIFE REHABIL	ITATION	CENTER.	_INC.
The flame of the corporation			
The name and address of the registered agent and of	fice is:		
Manuel Rodriguez (NAME)	· E		To the co
880 NW 132. Ave West (P.O. BOX NOT ACCEPTABLE)			
Miami FL 33182 (CITY/STATE/ZIP)			[*] ,

MAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PPOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS RECISTERED 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 I AMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 02/15/99 FEB 17 PH 1: 28

REGISTERED AGENT FILING FEE: \$35.00