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FILED
99 JUN 18 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wednesday, June 16, 1999

KATHERINE HARRIS
Secretary of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida, 32314

TO WHOM IT MAY CONCERN:

Enclosed please find one copy and an original of the articles of incorporation and a check for \$78.75 for filing fee and certificate.

SUPERIOR REHABILITATION SERVICES OF LAKE CITY, INC.

a for profit Florida Corporation, engaged in the business physical therapy and rehabilitation.

Officers will include, but not be limited to: MELINDA ZSCHAECK

If further information is needed, please contact me at: 413 NORTH MARION STREET, LAKE CITY,
FLORIDA 32055, (904) 719-8999

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-06/18/99--01068--009
*****78.75 *****78.75

Sincerely,

Melinda Zschack

MELINDA ZSCHAECK

Melinda Zschack GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Art. I*
DATE *6/30/99*
DOC. EXAM *Kear Brown*

ARTICLES OF INCORPORATION

The undersigned incorporators, 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

The name of the corporation shall be:

SUPERIOR REHABILITATION SERVICES OF LAKE CITY, INC.

ARTICLE II – PRINCIPAL OFFICE

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

413 NORTH MARION STREET, LAKE CITY, FLORIDA 32055

ARTICLE III – SHARES

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

100 SHARES, ALL OF ONE CLASS, AT A PAR VALUE OF \$80.00
EACH

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MELINDA D. ZSCHAECK, 2609 Lanvale Street, Lake City, Fl. 32055

ARTICLE V – INCORPORATOR

The names and address of the Incorporator(s) signing these Articles of Incorporation are:

____MELINDA ZSCHAECK____ 413 North Marion Street, Lake City,
Florida 32055

IN WITNESS WHEREOF, the undersigned Incorporates have executed
these Articles of Incorporation this 16th day of June, 1999.

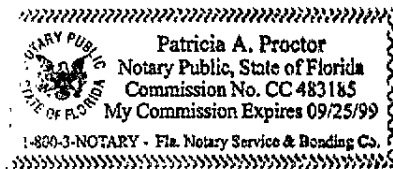
Melinda Zschaeck
Incorporator (MELINDA ZSCHAECK)

STATE OF FLORIDA
COUNTY OF COLUMBIA

On June 16, 1999 before
me, (NOTARY) Personally appeared, Melinda Zschaeck
who is personally known to me (or proved to me on the basis of satisfactory evidence) to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

WITNESS my hand and official seal.

Signature Patricia A. Proctor Affiant Known X Produced ID
Signature of Notary Type of ID 2200 544 72 581-0



SUPERIOR REHABILITATION SERVICES, INC.

The street address of the corporation's initial registered office and the name of its initial registered agent at that office are as follows:

MELINDA ZSCHAECK, Registered Agent
413 N. Marion Street
Lake City, Florida 32055

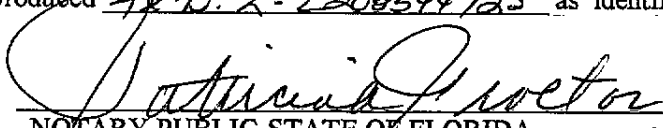
I hereby am familiar with and accept the duties and responsibilities as Registered Agent.


MELINDA D. ZSCHAECK

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TALLAHASSEE, FLORIDA

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

Acknowledged before me
on June 16 199 by Melinda Zschaeck, who is
personally known to me/ produced F.D.L. 2208544725 as identification,
and who did take an oath.


NOTARY PUBLIC-STATE OF FLORIDA

Name: Patricia A. Proctor

Commission No.:

My Commission Expires:

Patricia A. Proctor
Notary Public, State of Florida
Commission No. CC 483185
My Commission Expires 09/25/99
300-3-NOTARY - Fla. Notary Service & Bonding Co.