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C T CORPORATION SYSTEM  
Requestor's Name  
1311 Executive Center Drive, Ste. 200  
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Tallahassee, FL 32301 (904) 656-8298  
City State Zip Phone

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CORPORATION(S) NAME

Richards Healthcare, Inc

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| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS / G/S          |
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**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Richards Healthcare, Inc.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas  
(State or country under the law of which it is incorporated)

3. May 16, 1991  
(Date of Incorporation)

4. Perpetual  
(Duration)

5. 76-0339241  
(Federal Employer Identification number, if applicable)

6. August 13, 1993  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 950 Echo Lane, Suite 355, Houston, Texas 77024  
(Current mailing address)

8. Physical and occupational therapy services.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director: Rick Richards

Address: 950 Echo Lane, Suite 355

Houston, Texas 77024

Director: Karen Richards

Address: 950 Echo Lane, Suite 355

Houston, Texas 77024

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**B. Officers:**

President: Rick Richards

Address: 950 Echo Lane, Suite 355  
Houston, Texas 77024

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Karen Richards

Address: 950 Echo Lane, Suite 355  
Houston, Texas 77024

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: \_\_\_\_\_

Victor Alford  
C T Corporation System  
(Officer)

VICTOR ALFORD, ASST SECY  
(Typed Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Rick Richards

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Rick Richards, President

(Name and capacity of person signing application)

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# The State of Texas

## SECRETARY OF STATE

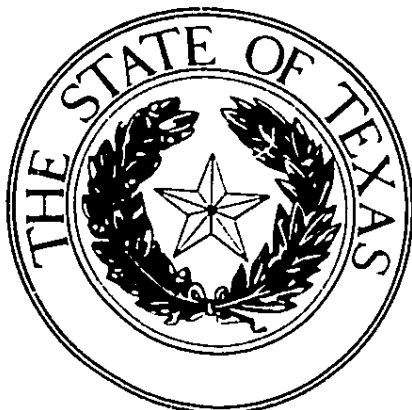
IT IS HEREBY CERTIFIED, that  
Articles of Incorporation  
of

**RICHARDS HEALTHCARE, INC.**

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were filed in this office and a certificate of incorporation was issued on  
**MAY 16, 1991;**

**IT IS FURTHER CERTIFIED,** that no certificate of dissolution has been issued, and  
that the corporation is still in existence.



*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on March 30, 1995.*

*Antonio O. Garza, Jr.*

Antonio O. Garza, Jr.  
Secretary of State

PH