

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P000000076336**

*Medical Professional Rehab, Inc.*

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TALLAHASSEE, FLORIDA

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- Certificate of Status
- Certificate of Fictitious Name
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- Fictitious Search
- Fictitious Owner Search
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TALLAHASSEE, FLORIDA

Signature

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**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL PROFESSIONAL REHAB, INC.**

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TALLAHASSEE, FLORIDA

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

**ARTICLE I: NAME**

The name of the corporation is **MEDICAL PROFESSIONAL REHAB, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **718 M.L.K. Blvd., Tampa, FL 33603.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of ten-cents (\$.10) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Mike Nelson, 718 M.L.K. Blvd., Tampa, FL 33603.**

#### **ARTICLE V: INCORPORATOR**

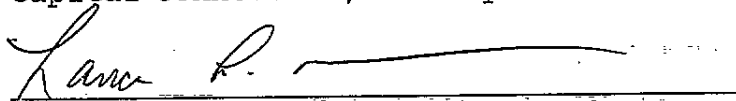
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is **Mike Nelson, 718 M.L.K. Blvd., Tampa, FL 33603.**

The undersigned has executed these Articles of Incorporation this 11th day of August 2000.

"Capital Connection, Inc. by Lance L. McGee, Client Representative"

  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is: \_\_\_\_\_

MEDICAL PROFESSIONAL REHAB, INC.

2. The name and street address of the registered agent and office is: \_\_\_\_\_

G. MICHAEL NELSON

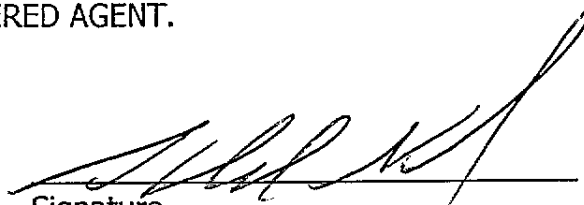
718 W. M.L.K. Blvd. Suite 200

Tampa, FL. 33603

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STATE OF FLORIDA  
TALLAHASSEE

FILED

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 AS 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

G. MICHAEL NELSON

Printed Name