

TRANSMITTAL LETTER

P01000040326

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Better Healthcare Outpatient Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004033629--0  
-04/19/01--01109--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JASON BISHOP  
Name (Printed or typed)

8320 West Sunrise Blvd.  
Address

Plantation FL 33322  
City, State & Zip

954-473-4008  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 APR 19 PM 2:00

FILED

NOTE: Please provide the original and one copy of the articles.

T. Burch APR 20 2001

**ARTICLES OF INCORPORATION**

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BETTER HEALTHCARE OF Patient Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8320 WEST SURPRISE Blvd. Suite 207  
PLANTATION FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE Outpatient Rehabilitation Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

01 APR 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JASON BISHOP  
520 CASCADE FALLS DR.  
WESTON, FL 33327

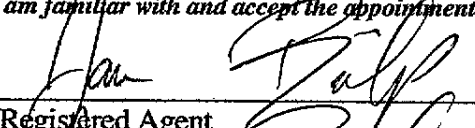
ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

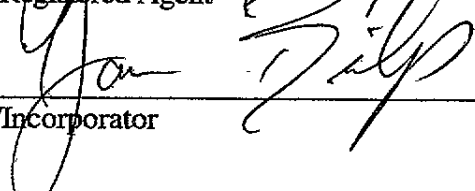
JASON BISHOP  
520 CASCADE FALLS DR.  
WESTON FL 33327

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date