

FILED

02 SEP -3 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 13, 2002

Katherine Harris
Division of Corporations
Secretary of State
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

000007245830--0
-08/21/02--01026--002
122.50 **78.75

Dear Mrs. Harris:

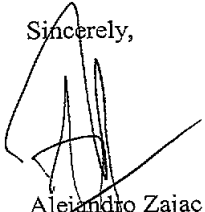
Enclosed please find our check number 279 for \$122.50; which includes a request for a certified copy of the articles of incorporation.

Enclosed please find a copy of the articles of Incorporation. Please, return it to me with the filing date stamped on it.

If I can be of any help, please do not hesitate to contact me at your earliest convenience at (305) 443-2829.

I thank you in advance for your attention to this matter.

Sincerely,



Alejandro Zajac
Registered Agent
3750 WEST FLAGLER STREET
MIAMI, FLORIDA 33134

CB

9-4

W02-24365



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 21, 2002

ALEJANDRO ZAJAC
3750 W FLAGLER ST
MIAMI, FL 33134

SUBJECT: THERANEXT HEALTHCARE SERVICES, P.A.
Ref. Number: W02000024365

We have received your document for THERANEXT HEALTHCARE SERVICES, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 702A00049266

Articles of Incorporation of
THERANEXT HEALTHCARE SERVICES, P.A.

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

Article I
Name

The name of the corporation shall be

THERANEXT HEALTHCARE SERVICES, P.A.

Article II
Principal Office

The principal place of business of this corporation shall be:

THERANEXT HEALTHCARE SERVICES, P.A.
12865 SW 211 TERRACE
MIAMI, FL 33177

The mailing address of this corporation shall be:

THERANEXT HEALTHCARE SERVICES, P.A.
12865 SW 211 TERRACE
MIAMI, FL 33177

Article III
Nature of Business

This corporation shall be engaged in activities related to the professional rehabilitation services, including physical, occupational, speech, respiratory and related therapy services in accordance with the laws and regulations of the State of Florida.

Article IV
Shares

The corporation shall have the authority to issue Two Hundred (100) shares of COMMON STOCK, in one class only, each with a par value of One Dollar (\$1.00)

**Article V
Term of Existence**

This corporation is to exist perpetually.

**Article VI
Initial Registered Agent and Street Address**

The name and address of the initial registered agent of the corporation is

ALEJANDRO ZAJAC
3750 WEST FLAGLER STREET
MIAMI, FLORIDA 33134

Prepared by: ALEJANDRO ZAJAC
3750 WEST FLAGLER STREET
MIAMI, FLORIDA 33134

**Article VII
Board of Directors**

The initial Board of Directors shall have 1 (ONE) member. The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one. The name and street address of the director to these Articles of Incorporation are:

HERNAN SEPULVEDA 12865 SW 211 TERRACE
MIAMI, FL 33177

**Article VIII
Incorporators**

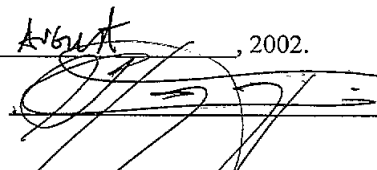
The name and address of the incorporator of this corporation are:

HERNAN SEPULVEDA 12865 SW 211 TERRACE
MIAMI, FL 33177

The undersigned incorporator has executed these Articles of Incorporation this

_____ 16 day of August, 2002.

Signature of
Incorporator



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**Certificate of Designation
Registered Agent/Registered Office**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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.

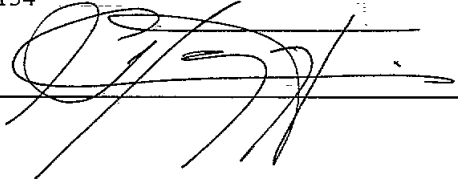
The name of the corporation:

THERANEXT HEALTHCARE SERVICES, P.A.

The name and address of the registered agent and office is:

ALEJANDRO ZAJAC
3750 WEST FLAGLER STREET
MIAMI, FLORIDA 33134

Signature
of Director



Date: 8/16/02

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 statues relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent. I accept the duties and obligations of Section 607.325, Florida Statutes.

Dated: 16 day of August, 2002.

Signed:  _____, Registered Agent.