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(Requestor's Name)

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(City/State/Zip/Phone #)

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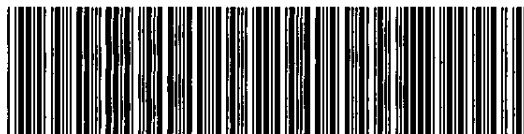
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/29/10

From the Desk of:

Michelle Wildman - Occupational Therapist, P.A.
122 Eglia Parkway N.E.
Fort Walton Beach, FL 32548

FILED
10 JAN 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

January 25, 2010

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

Ref. Number: N08000000270
Letter Number: 310A00000251

Dear Darlene Connell,

Pursuant to your letter dated January 5, 2010, I am going to dissolve the above stated non-profit corporation. However it is my intention to release the corporate name Michelle Wildman - Occupational Therapist, P.A. to the new profit corporation I am filing and have no intention of revoking the dissolution.

Thank you for your consideration of the same.

Sincerely,

Michelle Wildman
Michelle Wildman
President

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:

Michelle Wildman - Occupational Therapist, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

122 Eglin Parkway, Fort Walton Beach, Florida 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Occupational Therapy

ARTICLE IV SHARES

The number of shares of stock is:

10,000 at \$1.00 per share par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michelle Wildman President/Secretary/Director
59 Kokomo Row
Destin, FL 32541

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michelle Wildman
122 Eglin Parkway, N.E.
Ft. Walton Beach, FL 32548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelle Wildman
59 Kokomo Row
Destin, FL 32541

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

Michelle Wildman
Signature/Registered Agent

1/17/10
Date

Michelle Wildman
Signature/Incorporator

1/17/10
Date

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TALLAHASSEE, FLORIDA