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WALTERS P.A.

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
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FOREIGN PROFIT/NONPROFIT CORPORATION

WALBRIDGE PHYSICAL MEDICINE AND REHABILITATION, P.C.

Certificate of Status	1
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

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Fax Audit # (((H09000032408 3)))

**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. WALBRIDGE PHYSICAL MEDICINE AND REHABILITATION., P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

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

3.

(FEI number, if applicable)

4. 2/15/2000

(Date of incorporation)

5.**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. DATE OF FILING

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1112 RIVERVIEW LANE, CONSHOHOCKEN, PA 19428-2964

(Principal office address)

2111 NORTHWEST 62ND DRIVE, BOCA RATON, FL 33496

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE ORGANIZED

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **BLALOCK, WALTERS, HELD & JOHNSON, P.A.**

Office Address: **802 11TH ST. W**

BRADENTON

(City)

Florida **34205-7734**

(Zip code)

10. 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)

11. 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.

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STATE OF FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ERIC M. LIPNACK, D.O.

Address: 2111 NORTHWEST 62ND DRIVE
BOCA RATON, FL 33496

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ERIC M. LIPNACK, D.O.

Address: 2111 NORTHWEST 62ND DRIVE
BOCA RATON, FL 33496

Vice President: _____

Address: _____

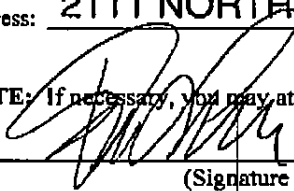
Secretary: _____

Address: _____

Treasurer: ERIC M. LIPNACK, D.O.

Address: 2111 NORTHWEST 62ND DRIVE, BOCA RATON, FL 33496

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. ERIC M. LIPNACK, D.O., PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 10, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WALBRIDGE PHYSICAL MEDICINE AND REHABILITATION., P.C.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortis

Secretary of the Commonwealth

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