F950000004781

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: Therapy Associates, Inc. dba California Therapy Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara W Paxson - Secretary (Name of Person)		-10/02/95-	1159892C 01044011 75 *****78.75
(table of Let20II)		赤赤赤赤(①。)	ञ कलककका । (उ. १३
Therapy Associates, Inc.			A
(Firm/Company)			H 11.
2220 East Alosta - Suite 205 / F	.O. Box 2061		_ [79]
(Address)		<u>_</u>	95 (e
Glendora, California 91740			SEP 2
(City/State/Zip)			2
Should you need to call someone concerning this matter,	please call:		STATE SCHOOLS
Barbara W Paxson	at (818) 963-3681	
(Name of Person)		avtime Telephone M	(Imber)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RESOLUTION OF THE BOARD OF DIRECTORS MEETING

OF

THERAPY ASSOCIATES, INC.

A CALIFORNIA CORPORATION

The Board of Directors of the above named Corporation held a meeting at the time, on the day and at the place set forth herinbelow for the purpose of making a resolution of said corporation.

TIME:	4:00 PM	DIVISIO 95 SI
DATE:	SEPTEMBER 6, 1995	SEP 2
PLACE:	2220 EAST ALOSTA, SUITE 205 GLENDORA, CALIFORNIA 91740	ARY OF RE
PRESENT AT THE SAID	MEETING WERE THE FOLLOWING PERS	
1. Sharon E. Paxson	1	144 Tions

2. James W. Thomson

RESOLVED, that the Board of Directors agreed to use the ficitious name of CALIFORNIA THERAPY ASSOCIATES, INC. in the state of Florida in order to conduct business. A motion was duly made, seconded and carried by unanimous vote of the Directors.

Dated: September 6, 1995

President

James W. Thomson Vice-President

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:

l Therapy Associates, Inc.	
(Name of corporation: must include the word "INCORPORA abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at preson	ATED", "COMPANY", "CORPORATION" or words or all that it is a corporation instead of a natural ent.)
2. State of California	3, 95-4179027
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 27th day of July. 1988 (Date of Incorporation)	5. Perpetual
	(Duration: Year corp. will cease to exist or "perpetual")
6. September 21, 1995	
(Date first transacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)
7. <u>2220 East Alosta - Suite 205</u>	
Glendora, California 91740	
(Current mailing	address)
8. To provide Occupational, Physical & Spe (Purpose(s) of corporation authorized in home state or country Florida)	to be carried out in the state of
9. Name and street address of Florida registered a acceptable)	egent: (P.O. Box or Mail Drop Box NOT
Name: James Jones	——————————————————————————————————————
Office Address: 689 5th Avenue North	29 F1
Naples	, Florida ,
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I fall statutes relative to the proper and complete perfor and accept the obligations of my position as registered.	n, I nereby accept the appointment as urther agree to comply with the provisions of mance of my duties, and I am familian with

(Registered agent's signature)

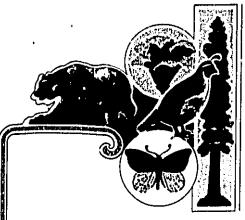
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names NOT	and addresses acceptable)	of officers an	d/or directors: (Street	address	ONLY- P.	O. Box
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A.	DIRECTORS (Street address	only- P. O	. Box NOT acceptab	le)
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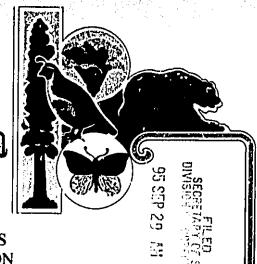
Chairman: _	Sharon E Paxson
Address:	2220 East Alosta, Suite 205 - Glendora, CA 91740
Vice Chairm	an; James W Chomson
	2220 East Alosta - Suite 205 - Glendora, CA 91740
	ame as above
Address:	
—— Director:S	ame as above
. OFFICE	RS (Street address only". O. Box NOT acceptable)
resident:	Sharon E Paxson
Address:	2220 East Alosta - Suite 205 - Glendora, CA 91740
	t: James W Thomson
ddress:22	220 East Alosta - Suite 205 - Glendora, CA 91740
ecretary: Ba	irbara W Paxson
ddress: 222	0 East Alosta - Suite 205 - Glendora, CA 91740
reasurer:	
NOTE: If neofficers and/or	cessary, you may attach an addendum to the application listing additional directors. Waha W. Jayam attach an addendum to the application listing additional directors.
4. barbara	W Paxson - Secretary

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



State of California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

THERAPY ASSOCIATES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

13th day of July, 1995

BILL JONES Secretary of State

SEC/STATE FORM CE-112 (REV. 1-95)

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