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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Total Rehab Solutions, Inc.
(Name of corporation - must include suffix)

400002468624--4

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:

Thomas F. Rackett
(Name of Person)
Total Rehab Solutions, Inc.
(Firm/Company)
241 Normandy Road
(Address)
Massapequa, New York 11758
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 25 PM 12:40

FILED

3/25

Should you need to call someone concerning this matter, please call:

Thomas F. Rackett at (516) 541-8654
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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

**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. Total Rehab Solutions Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York 3. 11-3410042
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 03, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual)

6. None to date
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 241 Normandy Road
Massapequa, New York 11758
(Current mailing address)

8. Staffing of therapists, PT/OT/ST for Home Health, hospitals, and skilled nursing facilities
(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 or Mail Drop Box NOT acceptable)

Name: Thomas A. Taylor

Office Address: 4958 Laurel Green Way East
Jacksonville, Florida, 32225
(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.

Thomas A. Taylor
(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 and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Thomas A. Taylor

Address: 4958 Laurel Green Way East
Jacksonville, Florida 32225

Vice President: _____

Address: _____

Secretary: Thomas F. Rockett

Address: 241 Normandy Road
Massapequa, New York 11758

Treasurer: _____

Address: _____

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

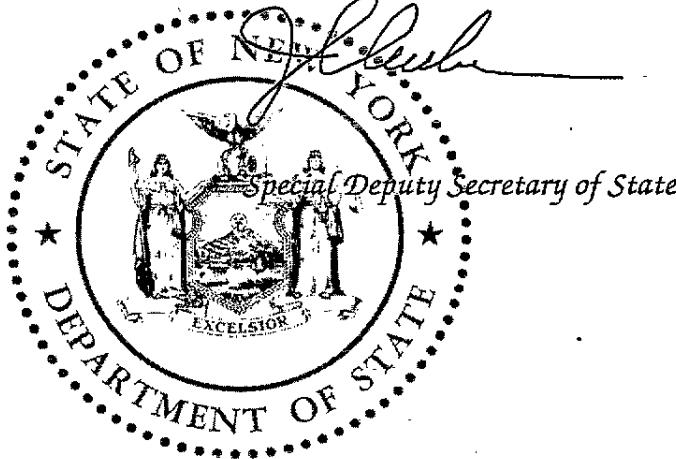
13. Thomas A. Taylor

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

State of New York
Department of State } ss:

I hereby certify, that the certificate of incorporation of TOTAL REHAB SOLUTIONS, INC. was filed on 12/03/1997, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 23rd day of February
one thousand nine hundred and
ninety-eight.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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