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ATTORNEYS AND COUNSELORS AT LAW

Thomas C. Jennings III

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Of Counsel

December 18, 1998

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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-12/22/98--01048--001  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

RE: Rehab Medical Clinic of Orange Park, Inc.

Dear Sir:

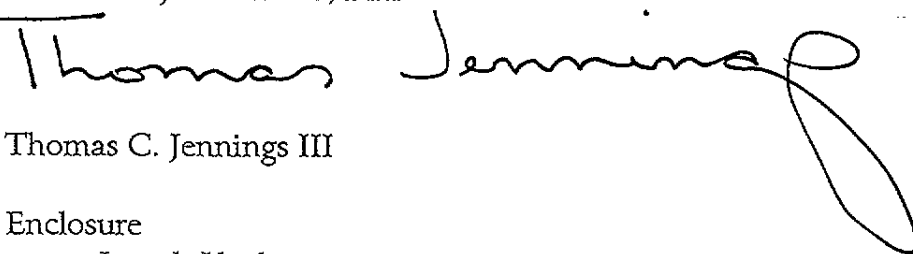
Enclosed is an Application By Foreign Corporation For Authorization To Transact Business In Florida. Also enclosed is a Certificate of Status from the State of Delaware, verifying the good standing of the above named company, and a check for \$78.50 covering the cost of filing.

Please file this application in order that this corporation may be authorized to transact business in the State of Florida.

If you have any questions regarding this application, please contact my office

Cordially,

REPKA & JENNINGS, P.A.



Thomas C. Jennings III

Enclosure

cc: Joseph Kaplan

TCJ/nh

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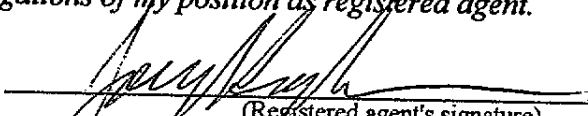
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*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. Rehab Medical Clinic of Orange Park, 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. Delaware  
(State or country under the law of which it is incorporated)
3. 59-3504601  
(FEI number, if applicable)
4. March 23, 1998  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. APR 11, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6807 Augusta Boulevard, Seminole, FL 33777  
(Current mailing address)
8. All lawful purposes  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)  
Name: Joseph Kaplan  
Office Address: 6807 Augusta Boulevard, Seminole, FL 33777  
Seminole, Florida, 33777  
(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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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: Joseph Kaplan

Address: 6807 Augusta Boulevard, Seminole, FL 33777

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Joseph Kaplan

Address: 6807 Augusta Boulevard, Seminole, FL 33777

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

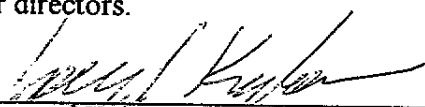
Secretary: Joseph Kaplan

Address: 6807 Augusta Boulevard, Seminole, FL 33777

Treasurer: Joseph Kaplan

Address: 6807 Augusta Boulevard, Seminole, FL 33777

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph Kaplan, President  
(Typed or printed name and capacity of person signing application)

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REHAB MEDICAL CLINIC OF ORANGE PARK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

11-20-98