

## TRANSMITTAL LETTER

F990000000 3/3

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: CUMBERLAND THERAPY SERVICES, 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:

A. MAJEED QASIM  
(Name of Person)

CUMBERLAND THERAPY SERVICES, INC.  
(Firm/Company)

726 WOOD STREET  
(Address)

VINELAND, NJ 08360  
(City/State/Zip)

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-12/01/98--01018--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

PEGGY PAULPOT  
(Name of Person)

at 609-692-6131  
(Area Code & Daytime Telephone Number)

## 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

8/1/99  
99 JAN 19 AM 10:49  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 1, 1998

A. MAVEED QUASIM  
CUMBERLAND THERAPY SERVICES, INC.  
726 WOOD ST.  
VINELAND, NJ 08360

SUBJECT: CUMBERLAND THERAPY SERVICES, INC.  
Ref. Number: W98000026772

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We have received your document for CUMBERLAND THERAPY SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 498A00056836



\* OT  
\* PT  
\* SPEECH

December 19, 1998

Jennifer Sindt, Examiner  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: W98000026772  
Letter #498A00056836

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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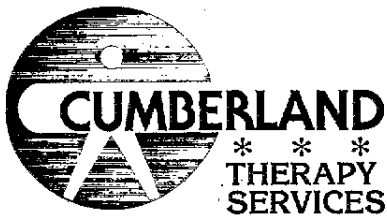
Dear Ms. Sindt:

Enclosed are a copy of our Certificate of Incorporation and the admendment to the certificate changing our company name to Cumberland Therapy Services, Inc.

If you require any additional information, please let me know.

Sincerely,

  
Peggy Philpot, Office Manager



\* OT  
\* PT  
\* SPEECH

January 14, 1999

Jennifer Sindt, Examiner  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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99 JAN 19 AM 10:49

Re: W98000026772

Dear Ms. Sindt:

Enclosed is a Certificate of Good Standing from the State of New Jersey as requested in your telephone call of 12/14/98.

If you have any questions or require any additional information, please call me.

Sincerely,

  
Peggy Philpot, Office Manager

## 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. CUMBERLAND THERAPY SERVICES, 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 JERSEY 3. 32-3198432  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/28/92 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/24/98  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 724 WOOD STREET  
VINELAND, NJ 08360  
(Current mailing address)

8. REHABILITATION SERVICES  
(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: YANET TOVAR

Office Address: 16127 EMERALD COVE ROAD  
WESTON, Florida, 33331  
(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.

Yanet Tovar  
(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.

Cumb Therapy Services CT Corp

850-222-9171

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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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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. \_\_\_\_\_

A. MAJEED QASIM, PRESIDENT

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

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DIVISION OF CORPORATIONS  
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CUMBERLAND THERAPY SERVICES, INC.

With the Previous or Alternate Name

REHAB CHOICES, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on December 23, 1992.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*A Majeed Qasim  
726 Wood St Ste 5  
Vineland, NJ 08360*

*Continued on next page . . .*

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RECORDS

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CUMBERLAND THERAPY SERVICES, INC.

With the Previous or Alternate Name

REHAB CHOICES, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
7th day of January, 1999

James A DiEleuterio, Jr.  
Treasurer

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 19 AM 10:49