

P00000027350

TRANSMITTAL LETTER

FILED

00 MAR 10 PM 1:06

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700003165037--0
-03/10/00--01044--007
*****78.75 *****78.75

SUBJECT: SUNRISE PHYSICAL MEDICINE & WELLNESS CENTER, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: HOWARD SHTULMAN
Name (Printed or typed)

8338 W OAKLAND PARK BLVD.
Address

SUNRISE, FL. 33351
City, State & Zip

954 - 741 6233
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

PH
3/17/2000 ✓

ARTICLES OF INCORPORATION

OF

SUNRISE PHYSICAL MEDICINE & WELLNESS CENTER, INC.

FILED

00 MAR 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporate, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

I. NAME: The name of the Corporation shall be:

SUNRISE PHYSICAL MEDICINE & WELLNESS CENTER, INC.

II. PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

8338 W OAKLAND PARK BLVD
SUNRISE, FL 33381

III. SHARES: The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000 SHARES \$1.00 PAR VALUE

IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

HOWARD SHTULMAN
8338 W OAKLAND PARK BLVD
SUNRISE, FL 33381

V. INCORPORATOR:

The name and street address of the incorporator to these Articles of Incorporation is:

HOWARD SHTULMAN
8338 W OAKLAND PARK BLVD
SUNRISE, FL 33381

The undersigned incorporator has executed these Articles of
Incorporation this 7th day of MARCH, 2000.

FILED
00 MAR 10 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

SUNRISE PHYSICAL MEDICINE & WELLNESS CENTER, INC.

2. The name and address of the registered agent and office is:

HOWARD SHTULMAN
8338 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Having been named as registered agent and to accept service of process
for the above stated corporation at the place designated in this
certificate, 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 relating to the proper and complete
Performance of my duties, and I am familiar with and accept the
Obligations of my position as registered agent.


Signature

3/7/2000
Date