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

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SICAL THERAPY CLINIC DE SOUTH LAVE, INC. (Proposed corporate name - must include suffix) SUBJECT:

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700003242987 -05/08/00--01113---017 *****78.75 *****78.75

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

S70.00 **X** \$78.75 **□**\$78.75 Filing Fee \$87.50 Filing Fee Filing Fee & Certificate of Status Filing Fee, & Certified Copy Certified Copy & Certificate of Status -ADDITIONAL COPY REQUIRED Name (Printed or typed) FROM: DALL DE. BEDAD STREET EROUELAND City, State & Zi 34736 9- AVH 00 352-429-5562 Daytime Telephone number AM 11: 35 NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u> NAME The name of the corporation shall be: HYSICAL THERAPY (LINIC OF SOUTH LAKE, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: $1/0 \in BROHD$ STREET GROWELAND, FL 34136 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time 100 <u>ARTICLE IV</u> INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: MHCIIII E. EANDALL 110 E. BROAD STREET GROVELAND, FI34-136 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: 110 E. BROAD STREET GROVELAND, FI 34736 Marcune Randall ARCUM R. KAMDALL Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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.

Marcum R. Pandall Signature/Registered Agent