

Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Subject: Sports Therapy of Sarasota, Inc.

(proposed corporate name-must include suffix)

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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 □ \$78.75
Filing Fee
& Certified Copy

■ \$87.50Filing Fee,Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jay Magill

Name (please print or type)

2744 Goldenrod Street

Address

Sarasota, Florida 34239

(941) 366-5696

Daytime Telephone Number

OO HAY 25 AM 8: 26

Note: Please provide the original and one copy of the articles

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ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the FLORIDA BUSINESS CORPORATION ACT, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

SPORTS THERAPY OF SARASOTA, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

2744 Goldenrod St. Sarasota, Florida 34239

ARTICLE III: SHARES

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

1000 shares common stock @ \$1.00 per share

ARTICLES IV:INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jay Magill 2744 Goldenrod Street Sarasota, Florida 34239

ARTICLE V INCORPORTE(S)

See instructions for officers/directors

The name(s) and street address (es) of the incorporator (s) to these Articles of Incorporations is (are):

Jay Magill 2744 Goldenrod St. Sarasota, Florida 34239

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this:

9th Day of May, 2000.

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

Signature

Signature

Signature

Notarization is not required.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 **Sports Therapy of Sarasota, Inc.**
- 2. The name and address of the registered agent and office is:

Jay Magill

Name

2744 Goldenrod Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Sarasota, Florida 34239

City/ State/Zip

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 position as registered agent.

Signature

Date '

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314