

05-26-2000

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Suncoast Spinal, Medical & Rehab Centers of Tarpon Springs, Inc.

(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Please Mail The Articles of Corporation to the below listed address:

Very truly yours,

Brian G. Wolstein

(individual's name)

Suncoast Spinal, Medical & Rehab Centers of Tarpon Springs, Inc.

(name of corporation)

MAILING ADDRESS OF CORPORATION

24945 U.S. 19 North

Clearwater, Florida 33763

727

799-2880

(Area Code) Telephone Number

Extension

SECTION OF STATE
TALLAHASSEE, FLORIDA

00 MAY 31 AM 8:09

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ARTICLES OF INCORPORATION

of

Suncoast Spinal, Medical & Rehab Centers of Tarpon Springs, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Suncoast Spinal, Medical & Rehab Centers Of Tarpon Springs, Inc.

ARTICLE II - DURATION

This Corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Company is authorized to issue Five Hundred shares (500) of one Dollar(s) (\$1) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if know, or the mailing address of the corporation is:

NAME	Suncoast Spinal, Medical & Rehab Centers of Tarpon Springs, Inc.
ADDRESS	40347 U.S. 19 North Suite 112
CITY, STATE, ZIP	Tarpon Springs, Florida 34683-4841

The name and street address if the Initial Registered Agent of this Corporation is:

NAME	Brian G. Wolstein, D.C.
ADDRESS	24945 U.S. 19 North
CITY, STATE, ZIP	Clearwater, Florida 33763

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Brian G. Wolstein
ADDRESS	24945 U.S. 19 North
CITY, STATE, ZIP	Clearwater, Florida 33763
NAME	Christopher Alepa
ADDRESS	40347 U.S. 19 North, Ste 112
CITY, STATE, ZIP	Tarpon Springs, Florida 34683-4841
NAME	Scott Coletti
ADDRESS	40347 U.S. 19 North, Ste 112
CITY, STATE, ZIP	Tarpon Springs, Florida 34683-4841


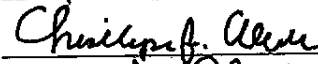
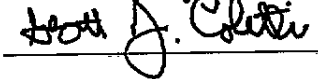
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00 MAY 31 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Brian G. Wolstein
ADDRESS	24945 U.S. 19 North
CITY, STATE, ZIP	Clearwater, Florida 33763
NAME	Christopher Alepa
ADDRESS	40347 U.S. 19 North, Ste 112
CITY, STATE, ZIP	Tarpon Springs, Florida 34683-4841
NAME	Scott Coletti
ADDRESS	40347 U.S. 19 North, Ste 112
CITY, STATE, ZIP	Tarpon Springs, Florida 34683-4841

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation the 22th Day of May, 2000

 (Seal)
 (Seal)
 (Seal)

STATE OF FLORIDA)

COUNTY OF PINELLAS _____)


SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally
Brian G. Wolstein, Chris Alepa, Scott Coletti

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he/she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22 Day of May, 2000




 (Notary Public, State of Florida At Large)

CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Suncoast Spinal, Medical & Rehab Centers of Tarpon Springs, Inc.
(name of corporation)

FILED
00 MAY 31 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
is registered office as indicated in the Articles of Incorporation at:

40347 U.S. 19 North Suite 112

Tarpon Springs, Florida 34683-4841

has named

Brian G. Wolstein, D.C.

located at the aforesaid address, as its Registered Agent to accept service of process
within the state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida Law in keeping open said office.

X 
(registered agent)