## DBO00006035H

1 2 3 Legal Products, LLC 4425-C Treat Boulevard, Suite 153 Concord, California 94521 www.123-Legalproducts.com (888) 356-0487

June 2, 2000

900003295009--0 -06/19/00--01017--009 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Articles of Incorporation - Total Orthopedic Rehabilitation, Inc.

## Gentlepersons:

Enclosed for filing please find one original and one copy of the completed Articles of Incorporation for the above-referenced corporation. Also enclosed is a check in the amount of \$78.75 payable to the Florida Department of State (\$70.00 for filing fees and \$8.75 for a certified copy).

Please call me at (888) 356-0487 or contact me at the address listed above if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Brian Fleischer Member/Manager

BF/kv

OR 6/21

2000 JUN 16 PM 4:58

## ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) TALLAHASSEE, FLORIDA

NAME ARTICLE I The name of the corporation shall be Total Orthopedic Rehabilitation, Inc. PRINCIPAL OFFICE ARTICLE II 11705 Boyette Road, #201 The principal place of business/mailing address is Riverview, Florida 33569 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is Physical Therapy and any other lawful use. SHARES ARTICLE IV The number of shares of stock is 1,500. INITIAL OFFICERS/DIRECTORS Shawn J. Edwards Director/CEO: The name(s) and address(es): 11705 Boyette Road, #201

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Shawn J. Edwards

11705 Boyette Road, #201 Riverview, Florida 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Shawn J. Edwards 11705 Boyette Road, #201 Riverview, Florida 33569

Riverview, Florida 33569

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered egent and agree to act in this capacity.

Signature

Shawn J. Edwards

Registered Agent

Signature

Shawn J. Edwards Incorporator Date

Date