CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 076336 8870 • 1-800-342-8062 Fax (850) 222-1222 60000 Art of Inc. File_____ LTD Partnership File____ Foreign Corp. File_ L.C. File_ Fictitious Name File_ Trade/Service Mark_ Merger File_ Art. of Amend. File_ RA Resignation_ Dissolution / Withdrawal_ Annual Report / Reinstatement Cert. Copy__ Photo Copy__ Certificate of Good Standing_ Certificate of Status_ Certificate of Fictitious Name___ Corp Record Search_ Officer Search Fictitious Search_ Fictitious Owner Search Signature Vehicle Search_ Driving Record_ UCC 1 or 3 File_ Requested by: UCC 11 Search_ Date Time Name UCC 11 Retrieval

Courier_

Will Pick Up

Walk-In

ARTICLES OF INCORPORATION

OD AUG 11 PH 1: 12

OF

MEDICAL PROFESSIONAL REHAB, INC.

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

ARTICLE I: NAME

The name of the corporation is MEDICAL PROFESSIONAL REHAB, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 718 M.L.K. Blvd., Tampa, FL 33603.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of ten-cents (\$.10) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Mike Nelson, 718 M.L.K. Blvd., Tampa, FL 33603.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Mike Nelson, 718 M.L.K. Blvd., Tampa, FL 33603.

The undersigned has executed these Articles of Incorporation this 11th day of August 2000.

"Capital Connection, Inc. by Lance L. McGee, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

MEDICAL PROFESSIONAL REHAB, INC.		_
The name and street address of the registered agent and office is:	75.	00 M
G. MICHAEL NELSON	-1-	<u>ક</u>
718 W. M.L.K. Blvd. Suite 200		1 P
Tampa, FL. 33603	100	
	0A	ি

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

G. MICHAEL NELSON

Printed Name