

TRANSMITTAL LETTER

*P00000076692*

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

**FILED**  
00 AUG -7 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003348461--8  
-08/08/00-01010-011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Broward Fall Prevention Center, Inc.  
(Proposed corporate name - must include suffix)

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 of Status

☒ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Howard Shtulman  
Name (Printed or typed)  
8338 W. Oakland Park Blvd.  
Address  
Sunrise, Fl 33321  
City, State & Zip  
954 741 6233  
Daytime Telephone number

*Howard Shtulman* **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT *Incorporator Sign*  
DATE *8/14/00*  
DOC. EXAM *Donis Brown*  
**NOTE: Please provide the original and one copy of the articles.**

**D. BROWN AUG 14 2000**

ARTICLES OF INCORPORATION

OF

BROWARD FALL PREVENTION CENTER, INC.

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TALLAHASSEE, FLORIDA

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

I. NAME: The name of the Corporation shall be:

BROWARD FALL PREVENTION CENTER, INC.

II. PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

8338 W Oakland Park Blvd  
SUNRISE, FL 33321

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

5000 SHARES at \$ 1.00 Par Value

IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

HOWARD SHTULMAN  
8338 W Oakland Park Blvd  
SUNRISE, FL 33321

V. INCORPORATORS:

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

HOWARD SHTULMAN  
8338 W Oakland Park Blvd  
SUNRISE, FL 33321

The undersigned incorporator has executed these Articles of  
Incorporation this \_ \_ day of August, 2000.

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TALLAHASSEE, FLORIDA

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:

BROWARD FALL PREVENTION CENTER, INC.

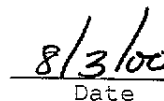
2. The name and address of the registered agent and office is:

HOWARD SHTULMAN  
8338 W Oakland Park Blvd  
SUNRISE, FL 33321

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

INCORPORATOR/REGISTERED AGENT

  
Date