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January 8, 2001

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

Re: ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.

Gentlemen:

Enclosed please **find** the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

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

Very truly yours,

* David Pelton

MAILING ADDRESS OF CORPORATION

ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.

6012 INDRIO ROAD # E-8

FORT PIERCE, FL 34951

Phone: (561) 468-7518

FILED
01 JAN 12 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ajc/1/16

ARTICLES OF INCORPORATION

of

ADVANCED ORTHOPEDIC PHYSICAL THERAPY, 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:

ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.

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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

The corporation is authorized to issue One Thousand shares (1000) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.		
ADDRESS	6012 INDRIO ROAD # E-8		
CITY	FORT PIERCE	FLORIDA	ZIP 34951

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

NAME	DAVID PELTON		
ADDRESS	6012 INDRIO ROAD # E-8		
CITY	FORT PIERCE	FLORIDA	ZIP 34951

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors 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	DAVID PELTON		
ADDRESS	6012 INDRIO ROAD # E-8		
CITY	FORT PIERCE	STATE FL	ZIP 34951
NAME	DORIS PELTON		
ADDRESS	6012 INDRIO ROAD # E-8		
CITY	FORT PIERCE	STATE FL	ZIP 34951
NAME			
ADDRESS			
CITY		STATE	ZIP

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with

its registered office as indicated in the Articles of Incorporation

at 6012 INDRIO ROAD # E-8

FORT PIERCE, FLORIDA

has named DAVID PELTON

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

ACKNOWLEDGEMENT

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


(registered agent)

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