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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
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FLORIDA PROFIT CORPORATION OR P.A.

Sunshine Therapy Associates, Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
**OF**

**Sunshine Therapy Associates, Inc.**

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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 **Sunshine Therapy Associates, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **5766 Bronx Avenue, Sarasota, FL 34231.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of \$1.00 per share.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Linda C. Hanna, 600 South Magnolia Avenue, Suite 125, Tampa, FL 33606.

**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 each member of the initial Board of Directors of the corporation is:

Thomas J. Gangemi, Deborah L. Gangemi, 4 Lucy Way, Simsbury, CT 06070.

The undersigned has executed these Articles of Incorporation this 18th day of September, 2001.

"Capital Connection, Inc. by A. Kim Clemons, Client Representative"



A. KIM CLEMONS

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**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.

1. The name of the corporation is: Sunshine Therapy Associates, Inc.

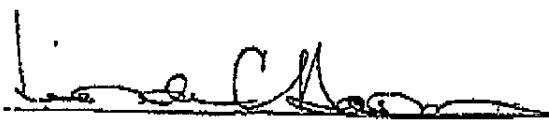
2. The name and street address of the registered agent and office is: LINDA C. HANNA

600 S. MAGNOLIA AVE.

SUITE 125

TAMPA, FL 33606

HAVE 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.

  
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