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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

~~OPTE, Inc.~~

Optimum Performance Physical Therapy, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03 (5)
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 2001

HUBCO

SUBJECT: OPPT, INC.
REF: W01000022978

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Freida Chesser
Corporate Specialist
New Filings SectionFAX Aud. #: H01000104510
Letter Number: 001A00055659

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Optimum Performance Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Optimum Performance Physical Therapy, Inc.
5934 South Staples - Suite 227
Corpus Cristi, TX 78413

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harry M Samuels
3143 Arbor Lane
Hollywood, FL 33021

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-9940

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TALLAHASSEE, FLORIDA

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ARTICLES V INCORPORATOR(S)

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

Harry M Samuels
3143 Arbor Lane
Hollywood, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of October 2001.

A handwritten signature in cursive script, appearing to read "Harry M Samuels", is written over a horizontal line.

Harry M Samuels- Signature

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**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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Optimum Performance Physical Therapy, Inc.**

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

Harry M Samuels

Name

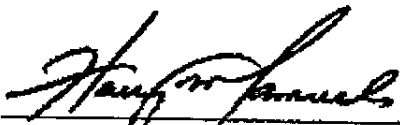
3143 Arbor Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Hollywood, FL 33021

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Harry M Samuels
SIGNATURE

October 3, 2001

(Date)

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