

Charter Number Only

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Requestor's Name
Address
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Mankes Pediatric Therapy Services, Inc.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

RECEIVED
01 NOV - 9 AM 9:29
DIVISION OF CORPORATION

01 NOV - 9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

FILED

cert copy

Name	<i>11/9</i>
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

ARTICLES OF INCORPORATION
OF
MANKES PEDIATRIC THERAPY
SERVICES, INC.

FILED
01 NOV -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - CORPORATE NAME

The name of this corporation shall be: MANKES PEDIATRIC THERAPY SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

1045 N.E. 179th Terrace
North Miami Beach, Florida 33162
(305) 527-5945

ARTICLE III - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE IV - PURPOSE

This 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 V - CAPITAL STOCK

This corporation is authorized to issue ONE THOUSAND shares (1000) of ONE DOLLAR (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Carol Mankes
1045 N.E. 179th Terrace
North Miami Beach, Florida 33162
(305) 527-5945

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number 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) are as follows:

Carol Mankes
1045 N.E. 179th Terrace
North Miami Beach, FL 33162
(305) 527-5945

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

Carol Mankes
1045 N.E. 179th Terrace
North Miami Beach, FL 33162
(305) 527-5945

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7 day of NOVEMBER, 2001.

Coral Montes / Director
Signature/Title

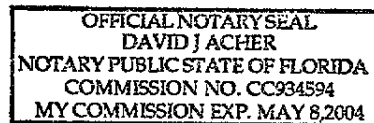
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before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Carol Mankes, known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto fixed my hand and seal, in the State and County aforesaid, this 7 day of NOVEMBER, 2001.

Notary Public, State of Florida

My Commission Expires:



CERTIFICATE OF DESIGNATION
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.

The name of the corporation is: **MANKES PEDIATRIC THERAPY SERVICES, INC.**

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

Carol Mankes
1045 N.E. 179th Terrace
North Miami Beach, Florida 33162

Carol Mankes
Signature

Director
Title

11/17/01
Date

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.

Carol Mankes
Signature

11/17/01
Date

FILED
01 NOV -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA