

Division of Corporations

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# P01000119586

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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## To:

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

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TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

Sensations Pediatric Therapy, Inc.

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

DEC 18 2001

## 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:

**Sensations Pediatric Therapy, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Sensations Pediatric Therapy, Inc.**

**2214 Pomeroy Road  
Spring Hill, FL 34609**

### ARTICLE III SHARES

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

**1500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jeffrey J. Leonbruno  
2214 Pomeroy Road  
Spring Hill, FL 34609**

*Prepared By:*

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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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):

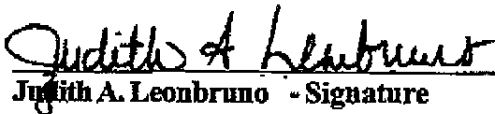
Jeffrey J. Leonbruno  
2214 Pomeroy Road  
Spring Hill, FL 34609

Judith A. Leonbruno  
2214 Pomeroy Road  
Spring Hill, FL 34609

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

12th day of December 2001.

  
Jeffrey J. Leonbruno - Signature

  
Judith A. Leonbruno - 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: **Sensations Pediatric Therapy, Inc.**

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

**Jeffrey J. Leonbruno**

Name

**2214 Pomeroy Road**

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

**Spring Hill, FL 34609**

(City / State / Zip)

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*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.*

  
**Jeffrey J. Leonbruno**  
SIGNATURE

**December 12th, 2001**

(Date)