

P020000017321
TRANSMITTAL LETTER

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

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-02/11/02--01016--025
*****87.50 *****87.50

SUBJECT: Powerline Medical Rehab Assoc. Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DR. KATHY RAGONE
Name (Printed or typed)

3296 N.W. 9th Ave Suite #101
Address

OAKLAND PARK, FLA 33309
City, State & Zip

(954) 566-7222
Daytime Telephone number

02 FEB 11 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

2/14

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Powerline Medical Rehab Assoc. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3296 N.W. 9th Ave
Suite # 101
OAKLAND PARK, FLA 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical & Rehabilitative Care

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Pres - DR. KATHY RAGONE
Vice Pres -
Sec -
Tres. - JANET RAGONE

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DR. KATHY RAGONE
3296 N.W. 9th Ave
Suite 101
OAKLAND PARK, FLA 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

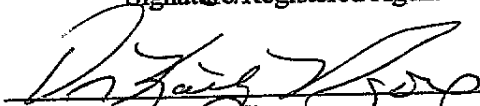
DR. KATHY RAGONE
3296 N.W. 9th Ave
OAKLAND PARK, FLA 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/6/02
Date



Signature/Incorporator

2/6/02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA