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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

02 AUG 16 PM 3:30
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

NATIONS PHYSICAL THERAPY INC.

Certificate of Status	0
Certified Copy	1
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AUG 16 2002

8/16/02 9:52 AM

ARTICLES OF INCORPORATION

OF

NATIONS PHYSICAL THERAPY INC.

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

ARTICLE I NAME

The name of the corporation shall be: NATIONS PHYSICAL THERAPY INC.

The principal place of business of this corporation shall be:

6741 CORAL WAY SUITE 18
MIAMI, FLORIDA 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 SHARES AT 1.00 PAR VALUE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually:

PREPARED BY: ALFONSO RODRIGUEZ, C.P.A.
6780 CORAL WAY SUITE 100
MIAMI, FLORIDA 33155
BUS. (305) 662-1824
FAX: (305) 662-1463

02 AUG 16 PM 3:30

DIVISION OF CORPORATIONS

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s) , if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

WILLIAM LOPEZ, PRES/SECT/TREAS.
6741 CORAL WAY SUITE 18
MIAMI, FLORIDA 33155

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of Incorporation is:

WILLIAM LOPEZ, PRES/SECT/TREAS.
6741 CORAL WAY SUITE 18
MIAMI, FLORIDA 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation THIS 13TH DAY OF AUGUST 2002.

Signature(s)of Incorporator(s)

William Lopez

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

1.The name of the corporation is:**NATIONS PHYSICAL THERAPY** INC.

2.The name and address of the registered agent and Office:

WILLIAM LOPEZ, PRES/SECT/TREAS.
8712 N.W. 109TH TERRACE
HIALEAH, FLORIDA 33018

Signature: _____
(corporate officer)

Title: PRES/SECT/TREAS.

Date: AUGUST 13TH 2002.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325,FLORIDA STATUTES.

SIGNATURE _____

DATE 8/13/02

REGISTERED AGENT FILING FEE:

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