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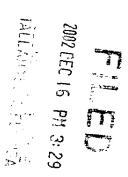
(Requestor's Name)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
Certified Copies Cert	ificates of Status	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

FILED

2002 DEC 16 PN 3: 29

FALLAHASSEE FLORIDA

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

SUBJECT: Comprehensive Speech & Language, Inc.

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

\$ 78.75 payable to "Department of State"

for

Filing Fee & Certificate of Status

From:

Demry W. Sibson 5125 Castello Drive Naples, Florida 34103 (610) 688-7390 OIOIO3

FILED 2002 DEC 16 PM 3: 29

ARTICLES OF INCORPORATION

TALLAHASSEE FLORIDA

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:

Comprehensive Speech & Language, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5125 Castello Drive Naples, Florida 34103

ARTICLE III SHARES

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

5000 Shares - No Par Common Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elizabeth Willis 5125 Castello Drive Naples, Florida 34103

ARTICLE V PURPOSE

The purpose for which the corporation is organized is:

Speech & Language Therapy

ARTICLE VI INCORPORATORS

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

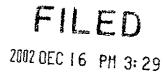
Demry W. Sibson, President / Secretary 521 Atterbury Road Villanova, PA 19085

ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be:

January 1, 2003

The undersigned incorporator(s) has(have) exe	cuted these articles of Incorporation this
13th day of December	2002.
Demry W Elser	12-13-2002
Signature and Title	Date



CERTIFICATE OF DESIGNATION OF

TĂLLAHASSEE ELOPIDA

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, 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.

1. The name of the corporation is:

Comprehensive Speech & Language, Inc.

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

Elizabeth Willis 5125 Castello Drive Naples, Florida 34103

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.

Elizabeth Willis

Date