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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

OF

CHERYL BURLEY, P.T., P.A.

DIVISION OF CHAPAILY JUNE 03 FEB 10 AN IO: 58

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

ARTICLE I: NAME

The name of the corporation is **CHERYL BURLEY**, **P.T.**, **P.A.** The specific nature of business is to offer physical therapy services.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3901 N.W. 96th Avenue, Cooper City, Florida 33024.

ARTICLE III: CAPTTAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Raymond A. Reiser, Esq., Pal-Med Building, Suite 410, 7150 W. 20 Avenue, Hialeah, FL 33016.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Director of the corporation is P/S/T Cheryl Burley, 3901 NW 96th Avenue, Cooper City, FL 33024.

The undersigned has executed these Articles of Incorporation this 10th day of February 2003.

"Capital Connection, Inc. by Leilani White, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 cor	poration	is:	CHERYL	BURLEY,	P.T.,	P.A.
						· 4		
		and street		of the	regist	ered age	nt and	office
	Pal-Med	Building,	Suite 40	Ò, 7150	W. 20	Avenue,		

HAVE 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.

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