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Requestor's Name

Address

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State

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VALIDATION ONLY

CORPORATION(S) NAME

FirstCare Therapy Center INC.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call If Problem | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Pick Up | |

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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

First Care Therapy Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

139 5th Street, Naples, FL 34113

ARTICLE III PURPOSE:

Physical Therapy

ARTICLE IV SHARES:

100

ARTICLE V INITIAL DIRECTORS OFFICERS

The names and addresses:

Jean Cassagnol Laguerre, President
139 5th Street, Naples, FL 34113

Evelyne Laguerre, Vice-President
139 5th Street, Naples, FL 34113

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

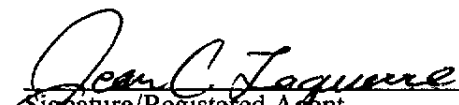
Jean Cassagnol Laguerre
139 5th Street, Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jean Cassagnol Laguerre
139 5th Street, Naples, FL 34113

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.



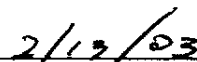
Signature/Registered Agent



Date



Signature/Incorporator



Date

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NAPLES, FLORIDA