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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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09-23-03

TRANSMITTAL LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: K. K. Abraham
Name (Printed or typed)

1415 EAST 124th AVE
Address

TAMPA, FL 33612
City, State & Zip

(813) 690-4150
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business act, hereby adopts(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Bay Gardens Therapy Services Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing of the corporation shall be:

1415 East 124th Ave
Tampa FL 33612

ARTICLE III: SHARES

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

500 SHARES OF COMMON STOCK HAVING \$1.00 PAR VALUE PER SHARE.

ARTICLE IV: INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

K K Abraham
1415 East 124th Ave
Tampa FL 33612

ARTICLE V: INCORPORATOR(S)

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

PRESIDENT

K K Abraham
2002 Dumont Dr
Valrico FL 33594

VICE PRESIDENT

Raj Kuppachhi
10235 Timberland Point Dr
Tampa FL 33647

ARTICLE VI: TERMS OF EXISTENCE

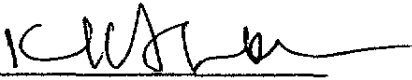
This is to exist perpetually.

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TALLAHASSEE, FLORIDA

ARTICLE VII: NATURE OF BUSINESS

The corporation may engage or transact in any or all lawful activities or business permitted under the laws of the UNITED STATES OF AMERICA and STATE OF FLORIDA or any other state and more specifically to provide the **Medical Rehabilitation Services**.

The undersigned incorporator(s) has(ve) executed these Articles of Incorporation this 16th day of September 2003.



(K K Abraham)



(Raj Kuppachhi)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATE IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:


Bay Gardens Therapy Services Inc.

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

K K Abraham
1415 East 124th Ave
Tampa FL 33612

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service 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 the accept the obligation of my position as registered agent.


(K K Abraham)

9.16.03
(Date)