

DEC-02-2003 09:04

DOOLEY & DRAKE, PA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**To:**

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

**From:**

Account Name : DOOLEY & DRAKE, P.A.  
Account Number : I20020000002  
Phone : (941)954-7750  
Fax Number : (941)951-1509

## FLORIDA PROFIT CORPORATION OR P.A.

### HANDS-ON PHYSICAL THERAPY, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

HANDS-ON PHYSICAL THERAPY, INC.

These Articles of Incorporation are made and subscribed for the purposes of organizing a corporation for profit under the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

The name and principal office of this Corporation are:

HANDS-ON PHYSICAL THERAPY, INC.  
5766 Bronx Avenue, Suite B  
Sarasota, Florida 34231

ARTICLE II - PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE III - CAPITAL STOCK

This Corporation is authorized to issue ONE THOUSAND (1,000) shares of common stock, par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 1432 First Street, Sarasota, Florida 34236, and the name of the initial registered agent of this Corporation at that address is WILLIAM A. DOOLEY.

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**ARTICLE V - INITIAL BOARD OF DIRECTORS**

The initial Board of Directors of this Corporation shall be:

OFER NISSAN  
Address:  
5766 Bronx Avenue, Suite B  
Sarasota, Florida 34231

**ARTICLE VI - RESTRICTIONS ON MEMBERSHIP TO  
BOARD OF DIRECTORS**

This Corporation shall have One (1) director initially. The number of directors may be increased or diminished from time to time, by Bylaws adopted by the stockholders, but shall never be less than one.

**ARTICLE VII - INCORPORATOR**

The name and address of the person signing these Articles are:

WILLIAM A. DOOLEY  
1432 First Street  
Sarasota, Florida 34236

**ARTICLE VIII - BYLAWS**

The power to adopt, alter, amend, or repeal Bylaws shall be vested in the shareholders, and except to the extent limited by the shareholders, in the Board of Directors.

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**ARTICLE IX - DURATION**

The existence of this Corporation shall commence on the date of subscription and acknowledgment of these Articles, and shall be perpetual.

**ARTICLE X - AMENDMENT**

This Corporation reserves the right to amend, alter, change, or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, in the manner now or hereafter prescribed by law, and any right conferred upon the stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 2nd day of December, 2003.

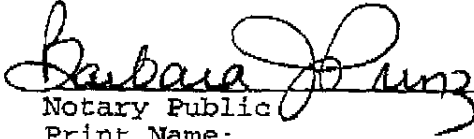
  
\_\_\_\_\_  
WILLIAM A. DOOLEY  
Incorporator

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on the 2nd day of December, 2003, by WILLIAM A. DOOLEY who is personally known to me or who produced \_\_\_\_\_ as identification and who did not take an oath.



Barbara J. Prinz  
My Commission CC080746  
Expires December 25, 2004

  
\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_  
[SEAL]

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First--That HANDS-ON PHYSICAL THERAPY, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at City of Sarasota, County of Sarasota, State of Florida, has named WILLIAM A. DOOLEY, located at 1432 First Street, Sarasota, Florida 34236, County of Sarasota, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above-stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

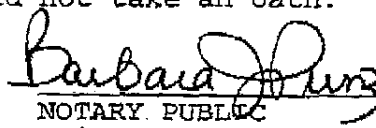
  
William A. Dooley, Esq.  
Resident Agent

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on the 7th day of December, 2003, by WILLIAM A. DOOLEY, ESQ., (who is personally known to me or who has produced as identification and who did not take an oath.



Barbara J. Prinz  
My Commission CCS89746  
Expires December 25, 2004

  
NOTARY PUBLIC  
Print Name: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_  
[SEAL]

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