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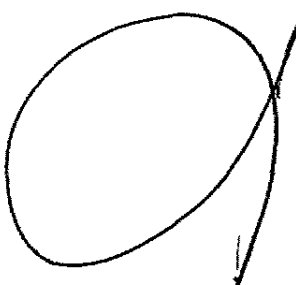
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LEFKOWITZ, BLOOM & SHAW, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

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\* BOARD CERTIFIED IN TAXATION AND  
MASTER OF LAWS IN ESTATE PLANNING  
+ ALSO ADMITTED IN MASSACHUSETTS

November 17, 2004

Attn: Corporations Division  
Secretary of State  
Bureau of Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Lee Stillson Manual Therapy, Inc.  
Effective Date: Date of Filing

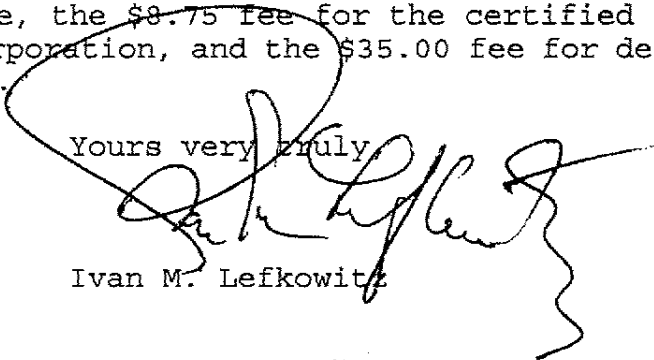
Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Incorporation of the above proposed corporation. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Articles of Incorporation on the duplicate copy, and return a certified copy to this office.

Also enclosed is a certificate designating place of business or domicile for service of process within this State, naming agent upon whom process may be served.

A check is also enclosed in the total amount of \$78.75 to cover the \$35.00 filing fee, the \$8.75 fee for the certified copy of the Certificate of Incorporation, and the \$35.00 fee for designation of registered agent.

Yours very truly

  
Ivan M. Lefkowitz

IML:glg  
Enclosures  
cc: Lee Stillson, President

**ARTICLES OF INCORPORATION**  
**OF**  
**LEE STILLSON MANUAL THERAPY, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - NAME**

The name of this corporation is LEE STILLSON MANUAL THERAPY, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually, commencing on the date of execution of these Articles.

**ARTICLE III - PURPOSE**

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue 10,000 shares of \$1.00 par value common stock.

**ARTICLE V. - INITIAL REGISTERED OFFICE AND AGENT,  
AND CORPORATE ADDRESS**

The street address of the initial registered agent of this corporation shall be:

430 N. Mills Ave.  
Orlando, Florida 32803

The name of the initial registered agent of this corporation at that address shall be:

IVAN M. LEEKOWITZ

The street address of the corporate offices shall be:

370 Center Pointe Cir.  
Suite 1120  
Altamonte Springs, Florida 32701

The mailing address of the corporate offices shall be:

P. O. Box 161243  
Altamonte Springs, Florida 32816

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS AND OFFICERS

A. This corporation shall have one(1) director initially. This number of directors may either be increased or diminished from time to time by the By-Laws but shall never be less than one (1).

B. The name and address of the initial director and officer of this corporation are as follows:

<u>Name</u>	<u>Address</u>	<u>Office</u>
LEE STILLSON	370 Center Pointe Cir. Suite 1120 Altamonte Springs, FL 32701	President/ Secretary/ Treasurer/ Director

#### ARTICLE VII - INCORPORATOR

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

<u>Name</u>	<u>Address</u>
LEE STILLSON	370 Center Pointe Cir. Suite 1120 Altamonte Springs, FL 32701

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**ARTICLE VIII - BY-LAWS**

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the shareholders. --

**ARTICLE IX - AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

**IN WITNESS WHEREOF**, the undersigned subscriber has executed these Articles of Incorporation this 15 day of November, 2004.

  
\_\_\_\_\_  
LEE STILLSON

**CERTIFICATE OF DESIGNATION**

**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 statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

LEE STILLSON MANUAL THERAPY, INC.

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

IVAN M. LEFKOWITZ  
430 N. Mills Ave.  
Orlando, Florida 32803

Date: November 15, 2004

Lee Stillson  
LEE STILLSON, President

**ACCEPTANCE**

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

Date: November 16, 2004

Ivan M. Lefkowitz  
IVAN M. LEFKOWITZ

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TALLAHASSEE, FLORIDA