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## TRANSMITTAL LETTER

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

SUBJECT:	HISICAL MEDICINE ASIA (PROPOSED CORPORAT	cintes, IVC.	
	(PROPOSED CORPORAT	TE NAME — <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Marc H Sen Name (		
	Welling for FL 33414 City, State & Zip		
	561 512 4341 Daytime To	elephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
The name of the corporation shall be: PHYSICAL MEDICINE ASSOCIATES, IN	05 JAN 24 PM 2: 59
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: PH from McOnese Allocation To W 51 1 5 +.  Minmi Beach, pc 33140	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Application fronting.	
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MAYC IN SCHOOL PROJECTIONS  2 1 34 App sloops TRAIL Wellington FL 33414	<b>+</b>
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered a	agent is: Marc H Seveen But LIVY appalools Than a Welling to J FL 33414
The name and address of the Incorporator is:    Manc H Schule   Jiry appaloon TM/L   Welling for FL 33414	
**************************************	n at the place designated in this

Signature/Registered Agent

Signature/Incorporator