

Division of Corporations

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P05000025926

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FALLACE & LARKIN, L.C.
Account Number : I200000000191
Phone : (321) 951-9900
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File Number : 05-15056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 18 AM 9:09

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FLORIDA PROFIT CORPORATION OR P.A.**Rehab Medicine Associates of Brevard, P.A.**

Certificate of Status	1
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C.F. 2-21

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**ARTICLES OF INCORPORATION
OF
REHAB MEDICINE ASSOCIATES OF BREVARD, P.A.**
(In compliance with Chapters 607 and 621, F.S. Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribed to these Articles of Incorporation, being a natural person to contract, hereby subscribes to the formation of a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this Corporation shall be: REHAB MEDICINE ASSOCIATES OF BREVARD, P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address of this Corporation is 600 Deerhurst Drive, Melbourne, Florida, 32940.

ARTICLE III - PURPOSE

This Corporation is formed for the purpose of providing professional medical services to the public for a profit as well as any other services authorized by Chapter 621, Fla. Stat.

ARTICLE IV - SHARES

This Corporation is authorized to issue Ten Thousand (10,000) shares.

ARTICLE V - INITIAL DIRECTOR

The name and address of the initial Director of this Corporation is Sheryl Bryan, M.D., 600 Deerhurst Drive, Melbourne, FL 32940.

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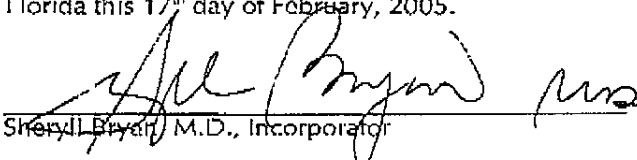
ARTICLE VI - REGISTERED AGENT

The name and address of the initial Registered Agent of this Corporation is Sheryll Bryan, M.D.,
600 Deerhurst Drive, Melbourne, Florida, 32940.

ARTICLE VII - INCORPORATOR

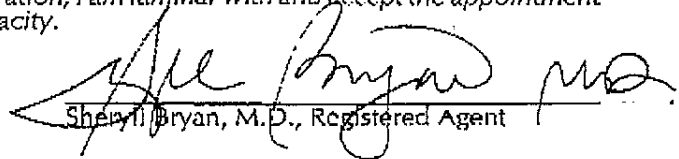
The name and address of the initial Incorporator is Sheryll Bryan, M.D., 600 Deerhurst Drive,
Melbourne, Florida, 32940.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Article of
Incorporation in Melbourne, Brevard County, Florida this 17th day of February, 2005.


Sheryll Bryan, M.D., Incorporator

ACCEPTANCE OF REGISTERED AGENT

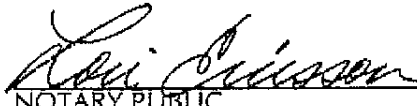
*Having been named as Registered Agent to accept service of process for the above stated Corporation
at the place designated in this Articles of Incorporation, I am familiar with and accept the appointment
as Registered Agent and agree to act in this capacity.*


Sheryll Bryan, M.D., Registered Agent

STATE OF FLORIDA)
COUNTY OF BREVARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and
County aforesaid, to take acknowledgments, personally appeared Sheryll Bryan, M.D., to me known
to be the person described in and who executed the foregoing Article of Incorporation and she
acknowledged before me that she executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 18th day of
February, 2005.


NOTARY PUBLIC
My Commission Expires:

FILED
05 FEB 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
My Commission DD224880
Expires October 11, 2007
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