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TRANSMITTAL LETTER

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

SUBJECT: Childre	n's Therapy Center of Central Flo (PROPOSED CORPORA	orida, Inc. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	2 \$87.50
Filing Fee	•	* * = * =	• • • •
rung ree	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONALCO	T I REQUIRED
FROM: Bra	idley Dauplaise		
	Name	(Printed or typed)	
	1630 Winter Springs Boulevard		
•		Address	
,	Winter Springs, FL 32708		
-		, State & Zip	· · · · · · · · · · · · · · · · · · ·
•	407.925.3125		
-	Daytime 1	Telephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S.

FILED

ARTICLE I NAME

The name of the corporation shall be: Children's Therapy Center of Central Florida, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: TALLAHASSE 1630 Winter Springs Boulevard, Winter Springs, Florida 32708.

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Pediatric Speech and Language Therapy, Physical Therapy, Occupational Therapy.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000. The par value of each share of stock is \$.001.

OFFICERS/DIRECTORS ARTICLE V

The initial directors of the corporation are: Karen Falzone, 450 Buckminster Circle, Orlando, Florida 32803-6701 Bradley Dauplaise, 1630 Winter Springs Boulevard, Winter Springs, Florida 32708

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: Bradley Dauplaise, 1630 Winter Springs Boulevard, Winter Springs, Florida 32708. Located in the County of Seminole.

INCORPORATOR ARTICLE VII

The name and street address of the incorporator to these Articles of Incorporation Children's Therapy Center of Central Florida, Inc., 1630 Winter Springs Boulevard, Winter Springs, Florida 32708.

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature:

Date 4/8/05

Therapy Center of Central Florida, Inc., Incorporator

The document was prepared by: Children's Therapy Center of Central Florida, Inc., 1630 Winter Springs Boulevard, Winter Springs, Florida 32708. 407.925.3125