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

From:
Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813)225-1040
Fax Number : (813)221-3135

FLORIDA PROFIT CORPORATION OR P.A.

Life Skills OT Services, Inc.

Certificate of Status	0
Certified Copy	0
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2005 JUN 21 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T Hamilton JUN 22 2005

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LIFE SKILLS OT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
13362 CANDIA ST.
SPRING HILL, FL 34609-3034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
OCCUPATIONAL THERAPY CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:
10,000/$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHELLE BOWMAN-PRESIDENT
13362 CANDIA ST.
SPRING HILL, FL 34609-3034

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

MICHELLE BOWMAN
13362 CANDIA ST.
SPRING HILL, FL 34609-3034

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MICHELLE BOWMAN
13362 CANDIA ST.
SPRING HILL, FL 34609-3034

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michelle Bowman — Signature/Registered Agent — 5/30/05 Date

Michelle Bowman — Signature/Incorporator — 5/30/05 Date