

# PD5000156304

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Division of Corporations  
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**COASTAL THERAPY, INC.**

D. WHITE NOV 29 2005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of -

COASTAL THERAPY, INC.  
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

COASTAL THERAPY, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating as a PHYSICAL THERAPY CENTER.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue six hundred shares (600) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME LYNNE MARGOT POIRIER  
ADDRESS 5130 LINTON BLVD., SUITE C2  
CITY DELRAY BEACH, FL. 33484

The principal office, if known or the mailing address of the corporation is:

NAME COASTAL THERAPY, INC.  
ADDRESS 112 WEDGEWOOD LAKES NORTH  
CITY GREENACRES, FL. 33463

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME LYNNE MARGOT POIRIER  
ADDRESS 112 WEDGEWOOD LAKES NORTH  
CITY GREENACRES, FL. 33463

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

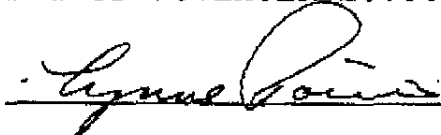
NAME LYNNE MARGOT POIRIER  
ADDRESS 112 WEDGEWOOD LAKES NORTH  
CITY GREENACRES, FL. 33463

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 16<sup>TH</sup> DAY OF NOVEMBER 2005.

 (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

COASTAL THERAPY, INC.  
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At: COASTAL THERAPY, INC.  
5130 LINTON BLVD., SUITE C2  
DELRAY BEACH, FL. 33484

Has named LYNNE MARGOT POIRIER

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
(REGISTERED AGENT)