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

Subject: PedsOT Services, Inc.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation, as well as a check for the \$70.00 recording fee of the corporate name.

Please forward a certified copy to the address listed below.

From: PedsOT Services, Inc.

18815 Maisons Drive Lutz, Florida 33558

#### ARTICLES OF INCORPORATION

OF

#### PedsOT Services, Inc.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

**ARTICLE I: NAME** 

The name of the corporation shall be:

PedsOT Services, Inc..

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18815 Maisons Drive Lutz, Florida 33558

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at \$ 1.00 dollar par value

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jennifer Colon, MS, OTR/L 18815 Maisons Drive Lutz, Florida 33558

### ARTICLE V: INCORPORATOR (S)

The name and street address of the incorporator (s) to these Articles of Incorporation is:

Jennifer Colon, MS, OTR L 18815 Maisons Drive Lutz, Florida 33558

The undersigned has executed these Articles of Incorporation this 18<sup>th</sup> day of November 2005.

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the state of Florida.

1.	The	name	of	the	cor	porat	ion	is:
4.	1110	11001110	$\sim$	~~~	~~1	$\rho \circ \iota \circ \iota$		10.

PedsOT Services, Inc.

2. The name and address of registered agent and officer is:

JENNIFER COLON, MS, OTR L 18815 Maisons Drive Lutz, Florida 33558 TELES P # 46
SECTED SECTIONS

Signature

Title

Date

11-20-05

HAVING BEEN NAMED AS REGISTERD AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

Date