Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

1 SALANDER IN SPECIAL AND A SALANDER AND A SALANDER

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

advanced orthopedic & sports rehab, inc.

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$78.75

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The undersigned corporation, for the purpose of forming a Corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be: ADVANCED ORTHOPEDIC & SPORTS REHAB, INC., The principal place of business shall be: 1135 NW 111th Avenue, Plantation, Florida 33322.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares at \$1.00 per share.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

CRAIG PIAZZA
President & CEO
1135 NW 111th Avenue
Plantation, FL 33322

ARTICLE VI INCORPORATOR (S)

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

CRAIG PIAZZA 1135 NW 111th Avenue Plantation, FL 33322

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation this ____day of January, 2006.

CRAIG PIAZZA, INCORPORATOR

HOGOOOILE GISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

- The name of the corporation is: ADVANCED ORTHOPEDIC & SPORTS REHAB, INC.
- 2. The name and address of the registered agent and office is:

CRAIG PIAZZA 1135 NW 111th Avenue Plantation, FL 33322

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

CRAIG PIAZZA, REGISTERED AGENT

STATE OF FLORIDA

S.S.

COUNTY OF BROWARD

THE FORGOING instrument was acknowledged and sworn to before me

this ____day of January, 2006 by CRAIG PIAZZA of 1135 NW 111th Avenue,

Plantation, Plorida 33322.

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NOTARY PUBLIC, STATE OF FLORIDA MY COMMISSION EXPIRES: