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J. THOMAS CONROY, III
BOARD CERTIFIED REAL ESTATE LAWYER
KRISTIN M. CONROY
BOARD CERTIFIED REAL ESTATE LAWYER
MICHAEL A. DURANT
BOARD CERTIFIED REAL ESTATE LAWYER
JOSHUA D. RUDNICK

December 17, 2012

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

RE: Regional Rehab Associates, P.A.

Dear Sir/Madam:

Enclosed please find the required documents needed in order to form a corporation.

Please feel free to contact me if you require additional information of documentation.

Very truly yours

Caitlin Conroy Legal Assistant

Encl.

COVER LETTER

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

SUBJECT: _	Regional Rehab Associates, P.A.		
Enclosed is an o	original and one (1) copy of the Certificate of Domestication and a check for:		
FEES:			
Articles	ate of Domestication \$ 50.00 of Incorporation and Certified Copy \$ 78.75 domesticate and file \$128.75		
OPTIONAL:			
Certifica	ate of Status \$ 8.75		
	Name (printed or typed)		
	Address		
	City, State & Zip		
	Daytime Telephone Number		
	F-mail address: (to be used for future annual report notification)		

CERTIFICATE OF DOMESTICATION

1 DEC 20 PM 1: 20

The undersigned, Peter J. Jaffe		,President ,					
		(Name)	(Title)				
		Regional Rehab Associates, P.A. (Corporation Name) 607.1801, Florida Statutes, does hereby co		oration,			
1.	The date on which	corporation was first formed was	July 13 , 1	995			
2.	. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey						
3.	3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Regional Rehab Associates, P.A.						
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to						
	s. 607.0202 and 607.0401 with this certificate is Regional Rehab Associates, P.A.						
5.	5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Naples, FL						
6.	6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.						
l a	ım <u>President</u>	, of Regional Rehab Associates,	P.A.				
an	d am authorized to	sign this Certificate of Domestication on	behalf of the corporation and	have done			
so	this the 15 day	of December August	,	12 .			
		(Authorized Signature					
Filing Fee: Certificate of Domestication \$ 50.00							
	A	Certificate of Domestication Articles of Incorporation and Certified (Total to domesticate and file					

ARTICLES OF INCORPORATION OF REGIONAL REHAB ASSOCIATES, P.A.

DEC 20 PM 1:20

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

ARTICLE I NAME AND ADDRESS

The name of the Corporation is Regional Rehab Associates, P.A. The principal office is 1865 Veterans Park Drive, Suite 101, Naples, FL 34109 and mailing address of the Corporation is P.O. Box 111090, Naples, FL 34108.

ARTICLE II: DURATION

The duration of the Corporation is perpetual.

ARTICLE III: PURPOSE

The general purposes for which the Corporation is organized are the following:

- A. To provide and sell medical services including sports medicine and rehabilitation treatments as well as associated health care products and services.
- B. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.
- C. To do such other things as are incidental to the purpose of the Corporation or necessary or desirable in order to accomplish them.

ARTICLE IV: SHARES

The aggregate number of shares which the Corporation is authorized to issue is One Thousand (1,000) shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

The initial Officers of the Corporation are as follows:

Peter J. Jaffe

President, Vice President, Treasurer, Secretary

The address for the Officers of the Corporation is as follows: 1865 Veterans Park Drive, Suite 101 Naples, FL 34109

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DIVISION OF CORPORATIONS

ARTICLE VI: INITIAL REGISTERED OFFICE AND AGENT

12 DEC 20 PM 1: 20

The street address of the initial Registered Office of the Corporation is Conroy, Conroy, Durant & Rudnick, P.A., 2210 Vanderbilt Beach Road, Suite 1201, Naples, Florida, 34109, and the name of its initial Registered Agent at that address is Michael A. Durant.

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is as follows:

Peter J. Jaffe 1865 Veterans Park Drive, Suite 101 Naples, FL 34109

ARTICLE VIII: AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE IX: PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights, pursuant to Section 607.0630, Florida Statutes, as amended from time to time.

ARTICLE X: INDEMNIFICATION

The Corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law, including but not limited to Florida Statutes Section 607.0850.

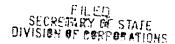
IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 15th day of 12c. , 2012.

WITNESSES:

Print Name:

Print Name

Name: Peter J. Jaffe



ACCEPTANCE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

휉DEC 20 PM 1: 20

I, Michael A. Durant, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this statement, hereby accept the appointment 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.

Name: Michael A. Durant

Date: Jec. 15 ,2012