

P95000046554

Date June 8, 1995

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

Re: Isenberg Pediatric Occupational Therapy, Inc.  
(name of corporation)

600001510856  
-06/12/95--01140--010  
\*\*\*\*122.50 \*\*\*\*122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Shelley Ann Isenberg  
(individual's name)

Isenberg Pediatric Occupational Therapy, Inc.  
(name of corporation)

MAILING ADDRESS OF CORPORATION

|                                      |
|--------------------------------------|
| <u>Isenberg Pediatric O.T., Inc.</u> |
| <u>937 Sandy Lane</u>                |
| <u>Lynn Haven, FL 32444</u>          |
| PHONE                                |
| <u>(904) 271-9518</u>                |
| Area Code      Number      Ext.      |

WJW

ARTICLES OF INCORPORATION

Isenberg Pediatric Occupational Therapy, Inc.  
of  
Isenberg Pediatric Occupational 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:

Isenberg Pediatric Occupational 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 engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one dollar Dollar(s) (\$ 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 is:

|         |                            |         |                  |
|---------|----------------------------|---------|------------------|
| NAME    | <u>Shelley A. Isenberg</u> |         |                  |
| ADDRESS | <u>937 Sandy Lane</u>      |         |                  |
| CITY    | <u>Lynn Haven</u>          | FLORIDA | ZIP <u>32444</u> |

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

|         |  |         |                  |
|---------|--|---------|------------------|
| NAME    | <u>Isenberg Pediatric Occupational Therapy, Inc.</u> |         |                  |
| ADDRESS | <u>937 Sandy Lane</u>                                |         |                  |
| CITY    | <u>Lynn Haven</u>                                    | FLORIDA | ZIP <u>32444</u> |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors 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 follows:

|         |                            |                 |                  |
|---------|----------------------------|-----------------|------------------|
| NAME    | <u>Shelley A. Isenberg</u> |                 |                  |
| ADDRESS | <u>937 Sandy Lane</u>      |                 |                  |
| CITY    | <u>Lynn Haven</u>          | STATE <u>FL</u> | ZIP <u>32444</u> |
| NAME    | <u>Kirk D. Isenberg</u>    |                 |                  |
| ADDRESS | <u>937 Sandy Lane</u>      |                 |                  |
| CITY    | <u>Lynn Haven</u>          | STATE <u>FL</u> | ZIP <u>32444</u> |
| NAME    |                            |                 |                  |
| ADDRESS |                            |                 |                  |
| CITY    |                            | STATE           | ZIP              |

**ARTICLE VII - INCORPORATORS**

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

|         |                     |       |              |
|---------|---------------------|-------|--------------|
| NAMER   | Shelley A. Isenberg |       |              |
| ADDRESS | 937 Sandy Lane      |       |              |
| CITY    | Lynn Haven          | STATE | FL ZIP 32444 |
| NAMER   |                     |       |              |
| ADDRESS |                     |       |              |
| CITY    |                     | STATE |              |
| NAMER   |                     |       |              |
| ADDRESS |                     |       |              |
| CITY    |                     | STATE |              |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 8 day of June, 1995.

Shelley Ann Isenberg (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF Bay ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

|                    |                                 |
|--------------------|---------------------------------|
| _____<br>Signature | _____<br>Form of Identification |
| _____<br>Signature | _____<br>Form of Identification |
| _____<br>Signature | _____<br>Form of Identification |

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Isenberg Pediatric Occupational Therapy, Inc.  
(name of 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 937 Sandy Lane  
Lynn Haven, FL. 32444

has named Shelley Ann Isenberg  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

CE 00112 FRI 8/68

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.

Shelley Ann Isenberg  
(registered agent)