Address) (City, State, Zip) (Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

CR2E031(10/92)

D. BROWN AUG - 4 1995

Examiner's Initials

ARTICLES OF INCORPORATION

OF

FLORIDA PHYSICAL THERAPY AND REHABILITATION SERVICES, INC.

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

ARTICLE I

The name of the corporation is:

FLORIDA PHYSICAL THERAPY AND REHABILITATION SERVICES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The aggregate number of shares that this corporation shall have authority to issue shall be Ten Thousand (10,000) Common shares, all of which shall be without par value.

ARTICLE IV

The street address of the initial registered office of this corporation shall be 4491 South State Road Seven. Fort Lauderdale, Florida 33314, and the name of the initial registered agent of this corporation at such address is Louis Boisvert.

ARTICLE V

The principal place of business and mailing address of this corporation shall be 4491 South State Road Seven, Fort Lauderdale, Florida 33314.

The undersigned incorporator has executed these Articles of Incorporation this 2nd day of August, 1995.

Fred Larison

307 Hamilton Street

Albany, New York 12210

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

In compliance with the provisions of Section 607.0501. Florida Statutes, FLORIDA PHYSICAL THERAPY AND REHABILITATION SERVICES, INC., 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.

FIRST: The name of t

The name of the corporation is:

FLORIDA PHYSICAL THERAPY AND REHABILITATION SERVICES, INC.

SECOND The name and address of the registered agent and office is:

Louis Boisvert 4491 South State Road Seven Fort Lauderdale, Florida 3331

HAVING BEEN named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 2nd day of August, 1995

Louis Boisvert