

P9600000000408

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN -3 AM 10:25

FOL JAN - 3 1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN
 Will Pick Up

1/3 12:00

RE: Premier Medical
Equipment & Supplies,
Inc.

C.C. FEE. DISBURSED

<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input type="checkbox"/> Art. of Inc. File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> () Cert. Copy(s) <u>photo</u>	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	000001676420	-01/03/95--01011--007
<input type="checkbox"/> Fictitious Name File	*****70.00	*****70.00
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service	_____	_____
<input type="checkbox"/> Document Filing	_____	_____
<input type="checkbox"/> Corporate Kit	_____	_____
<input type="checkbox"/> Vehicle Search	_____	_____
<input type="checkbox"/> Driving Record	_____	_____
<input type="checkbox"/> Document Retrieval	_____	_____
<input type="checkbox"/> UCC 1 or 3 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____	_____
<input type="checkbox"/> Courier Service	_____	_____
<input type="checkbox"/> Shipping/Handling	_____	_____
<input type="checkbox"/> Phone ()	_____	_____
<input type="checkbox"/> Top Priority	_____	_____
<input type="checkbox"/> Express Mail Prep.	_____	_____
<input type="checkbox"/> FAX () pgs.	_____	_____

SUBTOTALS

FEE.....	_____
DISBURSED.....	_____
SURCHARGE.....	_____
TAX on corporate supplies.....	_____
SUBTOTAL.....	_____
PREPAID.....	_____
BALANCE DUE.....	_____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

RECEIVED
 95 JAN -3 AM 8 50
 DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
PREMIER MEDICAL EQUIPMENT AND SUPPLIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 AM 10: 25

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

ARTICLE I
NAME

The name of the corporation shall be: Premier Medical Equipment and Supplies, Inc.

ARTICLE II
PRINCIPAL OFFICE

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

10312 S. W. 27th Street Miami, Florida 33165

ARTICLE III
CAPITAL STOCK

The number of shares of stock is authorized to have outstanding at any time is:

100

ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of this corporation is:

Adalberto A. Rodriguez
665 N. W. 85th Place Apt. 207
Miami, Florida 33126

ARTICLE V
INCORPORATOR

The name(s) and street address(es) of the incorporator(s) to these Article as Incorporation is(are):

Hector Sandomingo
10312 S.W. 27th Street
Miami, Florida 33165

**ARTICLE VI
DIRECTOR/OFFICER**

The initial director and officer of the corporation is: Hector Sandomingo, whose duty is to manage the business and regulate the affairs of the corporation.

Address: 10312 S.W. 27th Street Miami, Florida 33165

The undersigned has(have) executed these Articles of Incorporation this 20 day of DECEMBER, 1995.

Hector Sandomingo / President
Signature/Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 AM 10:25

CERTIFICATION 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 corporation is Premier Medical Equipment and Supplies, Inc.
2. The name and address of the registered agent and office is Adalberto A. Rodriguez
665 N.W. 85th Place Apt. 207 Miami, Florida 33126.

Heath Anderson
(Corporate Officer)

PRESIDENT
(Title)

12/20/95
(Date)

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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

A. Rodriguez
ADALBERTO A. RODRIGUEZ

12/20/95
DATE

CAPITAL CONNECTION INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301 (904) 222-0870
 Mailing Address: Post Office Box 10549, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Equipment and Supplies Inc.

_____ Capital Express™
 _____ Art. of Inc. File
 _____ Corp. Record Search
 _____ Ltd. Partnership File
 _____ Foreign Corp. File
 _____ () Cert. Copy(s)

☒ Art. of Amend. File
 _____ Dissolution/Withdrawal
 _____ C U S-
 _____ Fictitious Name File

_____ Name Reservation
 _____ Annual Report/Reinstatement
 _____ Reg. Agent Service
 _____ Document Filing

_____ Corporate Kit
 _____ Vehicle Search
 _____ Driving Record
 _____ Document Retrieval

_____ UCC 1 or 3 File
 _____ UCC 11 Search
 _____ UCC 11 Retrieval

_____ File No.'s, _____ Copies
 _____ Courier Service
 _____ Shipping/Handling
 _____ Phone ()
 _____ Top Priority
 _____ Express Mail Prep.
 _____ FAX () pgs.

C.C. FEE, DISBURSED

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300001718113
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300001718113
 -02/19/96-01049-026
 *****52.50 *****52.50

SUBTOTALS

FEE.....
 DISBURSED.....
 SURCHARGE.....
 TAX on corporate supplies.....
 SUBTOTAL.....
 PREPAID.....
 BALANCE DUE.....
 \$

RECEIVED
 96 FEB 19 11:27 AM
 DIVISION OF CORPORATIONS

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____
 BY NC CK No. _____
2/19

WALK-IN Will Pick Up 2/19 2:00

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

PREMIER MEDICAL EQUIPMENT AND SUPPLIES, INC.

FILED
96 FEB 19 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: The new name of the undersigned corporation should read " PREMIER THERAPY CENTER, INC."

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: FEBRUARY 1, 1996

FOURTH: Adoption of Amendment(s) (check one)

 X The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.

 The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

 The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval by _____.
(voting group)

Signed this 4TH day of FEBRUARY, 1996.

PREMIER MEDICAL EQUIPMENT AND SUPPLIES, INC.
(Corporation Name)

By Hector Sandomingo
(Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

HECTOR SANDOMINGO
(Type or printed name)

PRESIDENT /DIRECTOR
(Title)