

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

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 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
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Mailor No.: _____ Express Mail No. _____

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96 JAN 12 AM 11:14

DIVISION OF CORPORATION

2296-1075

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____

BY _____

WALK-IN Will Pick Up NC 1-12

CK No. _____

RE: Rehab Marriage Indiv
Services, inc 96 JAN 16 AM 10:18

SELC. C. FEES OF DISBURSED
 TALLAHASSEE, FLORIDA

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

_____ Art. of Amend. File _____
 _____ Dissolution/Withdrawal _____
 C U S. _____
 _____ Filitious 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. _____

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
 96 JAN 12 PM 3:16
 DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 JAN 16 AM 8 24
DIVISION OF CORPORATION

January 12, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: REHAB MANAGEMENT SERVICES, INC.
Ref. Number: W96000001075

We have received your document for REHAB MANAGEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 696A00001797

CORRECTED

ARTICLES OF INCORPORATION

FILED

96 JAN 16 AM 10:18

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: REHAB MANAGEMENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 492226
FT. LAUDERDALE, FL 33349

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID COOL
3089-N. OAKLAND FOREST DR. #202
OAKLAND PARK, FL 33309

ARTICLE V. INCORPORATOR(S)

See Instructions for officers/directors

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

DAVID COOL
3089 N. OAKLAND FOREST DR. #202
OAKLAND PARK, FL 33309

12

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of JANUARY, 19 96.

Signature_____
Signature_____
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED

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. TALLAHASSEE, FLORIDA

1. The name of the corporation is: REHAB MANAGEMENT SERVICES, INC.

2. The name and address of the registered agent and office is:

DAVID COOL
(NAME)

3089 N. OAKLAND FOREST Dr. #202
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

OAKLAND Park, FL 33309
(CITY/STATE/ZIP)

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 I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(SIGNATURE)

1/12/96
(DATE)