

P96000008745
(SAMPLE LETTER OF TRANSMITTAL)

Date 1/09/96

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

100001683431
-01/10/96--01049--002
****122.50 ****122.50

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

Gentlemen:

Enclosed please find the original and one copy of the 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,

Sue Ann Rosin
(individual's name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 AM 11:19

Ocala Occupational Therapy
(name of corporation)

MAILING ADDRESS OF CORPORATION		
30 Lake View Drive West		
Ocala, Florida 34482		
PHONE		
(352)	237-9366	Ext.
Area Code	Number	

789
505
671
w96-1003

VW 1-29-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 12, 1996

SUE ANN ROSIN
30 LAKE VIEW DRIVE WEST
OCALA, FL 34482

SUBJECT: OCALA OCCUPATIONAL THERAPY
Ref. Number: W96000001003

We have received your document for OCALA OCCUPATIONAL THERAPY and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6052.

Vickie Whitfield
Corporate Specialist

Letter Number: 596A00001678

ARTICLES OF INCORPORATION

of

Ocala 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:

Ocala 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 hundred shares (100) of one 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>Sue Ann Rosin</u>		
ADDRESS	<u>30 Lake View Drive West</u>		
CITY	<u>Ocala</u>	FLORIDA	ZIP <u>34482</u>

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

NAME	<u>Ocala Occupational Therapy, INC.</u>		
ADDRESS	<u>30 Lake View Drive West</u>		
CITY	<u>Ocala</u>	FLORIDA	ZIP <u>34482</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) 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>Sue Ann Rosin</u>		
ADDRESS	<u>30 Lake View Drive West</u>		
CITY	<u>Ocala</u>	STATE <u>Florida</u>	ZIP <u>34482</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 11:19

ARTICLE VII - INCORPORATORS

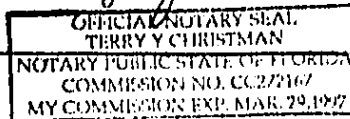
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: Sue Ann Rosin			
ADDRESS: 30 Lake View Drive West			
CITY: Ocala	STATE: Florida	ZIP: 34482	
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2 day of January, 1996

For D. Lee provided

Terry Y. Christman (Seal)



(Seal)

(Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Ocala Occupational Therapy, INC.
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 11:19

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 30 Lake View Drive West
Ocala, Florida 34482

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

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.

Sue Ann Rosin
(registered agent)

P96000008745

ROSIN

30 Lake View Drive W. #1

Orlando, FL 32832

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
97 SEP 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-09/15/97--01106--015
*****43.75 *****43.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Uo ldis

VS SEP 22 1997

ARTICLES OF DISSOLUTION

FILED
97 SEP 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: OCAIA OCCUPATIONAL THERAPY, INC

SECOND: The date dissolution was authorized: 8/31/97

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 4TH day of September, 19 97

Signature _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

BARRY J. Rosin

(Typed or printed name)

VICE President

(Title)