## P9000008745

Date 1/09/96

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)

Ocala Occupational Therape (name of corporation)

MAILING ADDRESS OF CORPORATION—

30 Lake View Drive West

Ocala, Florida, 34482

PHONE

(352) 237-9366

Area Code Number Ext.

789 505 671 W96-1003

VOW 1-29-96



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.

Letter Number: 596A00001678

Vickie Whitfield Corporate Specialist

## ARTICLES OF INCORPORATION

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 1 - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Plorida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the bays 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 ) par value Common Stock, which shall be designated "Common Shares." Dollar(s) (\$ /.つひ 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: Rosin ADDRESS 3 Vieus zir 34482 FLORIDA The principal office, if known, or the mailing adress of the corporation is: ADDRESS CILA 20alo FLORIDA ARTICLE VI - INITIAL BOARD OF DIRECTORS ) directors initially. The number of directors may be either This corporation shall have One 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 ADDRESS CITY NAME ADDRESS CTTY STATE ZIP NAME ADDRESS СПҮ STATE

PAGE 1

SEMINOLE-MIAMI 012593

FORM 215: ARTICLES OF INCORPORATION, PAGE 1

### ARTICLE VII - INCORPORATORS

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

NAME SUE AND BOSID		
ADDRESS 30 LOUKE VIEW	Drive Uxst	
eny Ocala	SIMILE FLORIDA	zır <i>344</i> 82
NAMIL		
ADDRUSS		
CTIY	SIATE	ZIP
NAME		
ADDRESS		
спу	STAIRS	ZIP
IN WETNESS WHEREOF, the undersigned subday of Language 19 9/2	escriber(s) have executed these Articles of Inc	orporation this
duy de January. 1996. Flor D. Lie provided	Way 2. China	mer (Scal)
e <sup>e</sup>	OFFICIAL NOTARY SEAL TERRY Y CHRISTMAN NOTARY PUBLIC STATE OF HORIDA	(Scal)
	COMMESION NO. CC277167 MY COMMESION EXP. MAR. 29,8997	(Scal)

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

**OF** 

SECRETARY OF SME INVSURED CORPORATION 95 JAN 24 MEII: 19

Ocala 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 _	30 Lake View Drive West
	Ocala, Florida 34482
	named Size Ann Rosin
	ted at the aforesaid address, as its Registered Agent to accept service of proces
with	in 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 Room
(registered agent)

# P96000008745

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1		A, F/ 31/45L liate/Zip Phone		Office Use Only
1. (Corporation Name)  2. (Corporation Name)  3. (Corporation Name)  4. (Corporation Name)  Walk in Pick up time Certified Copy  Mail out Will wait Photocopy  Profit  Amendment  Resignation of R.A., Officer/ Director  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation  Name Reservation  Name Reservation  (Corporation Name)  (Corporation Name)  (Corporation Name)  Certified Copy  Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  OTHER FILINGS  Annual Report  Fictitious Name  Limited Partnership  Reinstatement  Trademark  VS SEP 2 2 1997	CORPORATI	ON NAME(S) & DOCU	MENT NUMBER	•
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Examiner's Initials

CR2E031(1/95)

## ARTICLES OF DISSOLUTION

FILED 97 SEP 15 AH 9: 14 SECRE LANY OF STATE TALLATIASSEE 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: OCAIN OCCEPATIONAL THER APT,
SECOND:	The date dissolution was authorized: $8/31/97$
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disse	olution was approved by vote of the shareholders through voting groups.
T	he following statement must be separately provided for each voting group stitled to vote separately on the plan to dissolve:
The i	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 of Vice Chairman of the Board, President, or other officer)
	BARRY J. Rosin
	(Typed or printed name)
	Ulce President (Title)