

P960000 61132

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32309  
 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 \$ \_\_\_\_\_

F. CHESLER JUL 22 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/22		
TIME	300		CK No. _____
BY	27		

WALK-IN  
 Will Pick Up \_\_\_\_\_

of No 52504  
 RE: St Johns Physical  
Therapy PC

	O.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)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U B.		
<input type="checkbox"/> Fictitious Name File		
<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.		
<b>SUBTOTALS</b>		

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

**ARTICLES OF INCORPORATION**  
**OF**  
**ST. JOHNS PHYSICAL THERAPY, INC.**

The undersigned, being a natural person, does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a business corporation pursuant to the provisions of the Florida Business Corporation Act.

**FIRST:** The name of the corporation (hereinafter called the "Corporation") is St. Johns Physical Therapy, Inc.

The principal place of business of this corporation shall be 1 St. Johns Medical Plaza, St. Augustine, County of St. Johns, Florida 32086.

**SECOND:** The duration of the corporation shall be perpetual.

**THIRD:** The purposes for which the corporation is initially organized, which shall continue to be the purposes of the corporation until and if the same be amended pursuant to the provisions of the Florida Business Corporation Act, and which shall include the authority of the corporation to transact any lawful business for which corporation may be incorporated under the Florida Business Corporation Act, are as follows:

To have all of the powers conferred upon corporations organized under the Florida Business Corporation Act.

**FOURTH:** The aggregate number of shares which the corporation shall have the authority to issue is One Thousand (1,000), all of which are of a par value of One dollar (\$1.00) and each of which are to be common shares of the same class.

Each share of stock, regardless of class, shall share equally in the distribution of assets of the Corporation with no preference other than as to the election of directors residing in any class of stock.

**FIFTH:** The address of the initial registered office of the corporation in the State of Florida is 1400 Prudential Dr., #4, Jacksonville, County of Duval, Florida 32207 and the name of the initial registered agent of the corporation at such address is Christopher L. Nuland.

**SIXTH:** The names and addresses of the initial members of the Board of Directors are as follows:

Charles S. Morand, M.D.

3609 Crazyhorse Trail  
St. Augustine, FL 32086

FILED  
56 JUL 22 PM 4:14  
TALLAHASSEE, FLORIDA

Cindy A. Aiello

1 St. Johns Medical Park  
St. Augustine, FL 32086

SEVENTH: The name and address of the incorporator are as follows:

Christopher L. Nuland  
1400 Prudential Dr., Suite 4  
Jacksonville, FL 32207

EIGHTH: The corporation shall, to the fullest extent permitted by the provisions of the Florida Business Corporation Act, as the same may be amended and supplemented, indemnify any and all persons whom it shall have the power to indemnify under said provisions from and against any and all of the expenses, liabilities, or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any By-Law, agreement, vote of shareholders or disinterested directors or otherwise, both as to his action in his official capacity while holding such office, and shall continue as to a person who has ceased to be an officer or director, and shall inure to the benefit of the heirs, executors and administrators of such a person.

Signed on July 19, 1996.

  
\_\_\_\_\_  
Christopher L. Nuland, Incorporator

STATE OF FLORIDA     )  
                              ) SS.:  
COUNTY OF DUVAL    )

On this 19<sup>th</sup> day of July 1996, before me, a Notary Public in and for the State and County aforesaid, personally appeared Christopher L. Nuland, who is to me known to be the person named as the incorporator in the foregoing Articles of Incorporation of St. Johns Physical Therapy, Inc., Inc., and who duly acknowledged to me that he signed said Articles of Incorporation as the incorporator of said corporation.

Witness my hand and seal of office on the day and year aforesaid.

Cynthia B. Jackson  
Notary Public  
Commission Expires: 2/28/98



CYNTHIA B. JACKSON  
My Comm. Exp. 2/28/98  
Bonded By Service Inc  
No. CC394802  
Notary Public State of Florida

FILED  
96 JUL 22 PM 3:04  
TALLAHASSEE, FLORIDA

#### ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Pursuant to the provisions of the Florida Business Corporation Act, the undersigned does hereby accept its appointment as registered agent on which process may be serviced within the State of Florida for the proposed domestic corporation named in the foregoing Articles of Incorporation.

Christopher L. Nuland  
Christopher L. Nuland