

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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Center for Preventive and
Rehabilitative Medicine

	G.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express**		
<input checked="" 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"/> O U B.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Information		
<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

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____

DATE 9/12 _____

TIME _____ CK No. _____

BY _____

WALK-IN
Will Pick Up 1:00 2/1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

*Give this File
Date*

RECEIVED
96 SEP 13 PM 4:03
DIVISION OF CORPORATIONS

September 12, 1996

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

SUBJECT: CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE
Ref. Number: W96000019263

We have received your document for CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 496A00042520

corrected



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

SEP 17 1996

September 16, 1996

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

SUBJECT: CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE,
INC.
Ref. Number: W96000019263

We have received your document for CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The corporate suffix must be added to the corporate name throughout the application.

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) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 396A00042777

*Corrected
Thanks*

ARTICLES OF INCORPORATION

of

CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE, 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:

CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE, 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 FIVE HUNDRED shares (500) 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>Michael S. Smith</u>	<u>FRANCIS W. WAKHISI, P.A.</u>
ADDRESS	<u>1730 N.W. 1st Way</u>	
CITY	<u>Pompano Beach</u>	FL <u>FL</u> ZIP <u>33060</u>

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

NAME	<u>CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE, INC.</u>	
ADDRESS	<u>1730 N.W. 1ST WAY</u>	
CITY	<u>POMPANO BEACH</u>	FLORIDA <u>FL</u> ZIP <u>33060</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) 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>FRANCIS W. WAKHISI</u>	
ADDRESS	<u>6255 LAKESHORE DRIVE</u>	
CITY	<u>MARGATE</u>	STATE <u>FL</u> ZIP <u>33063</u>
NAME	<u>REV. EMMA GREEN</u>	
ADDRESS	<u>103 N.E. 2nd. STREET</u>	
CITY	<u>POMPANO BEACH</u>	STATE <u>FL</u> ZIP <u>33060</u>
NAME		
ADDRESS		
CITY		STATE ZIP

FILED
96 SEP 17 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

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

NAME FRANCIS W. WAKHISI		
ADDRESS 6255 LAKESHORE DRIVE		
CITY MARGATE	STATE FL	ZIP 33063
NAME REV. EMMA GREEN		
ADDRESS 103 N.E. 2nd STREET		
CITY POMPANO BEACH	STATE FL	ZIP 33060
NAME		
ADDRESS		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 11th day of September, 19 96

[Signature]

Francis W. Wakhisi (Seal)

Emma Green (Seal)

____ (Seal)



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
96 SEP 17 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CENTER FOR PREVENTATIVE AND REHABILITATIVE MEDICINE, 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 1730 N.W. 1ST WAY

POMPANO BEACH, FL 33060

has named MICHELLE A. SMITH

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.

Michelle A. Smith
(registered agent)