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LAW OFFICES of  
SOULE & LEAL-GARCIA, P.A.

JAMES L. SOULE \*  
ELIANA LEAL-GARCIA  
ANDRHA R. CLUNDERSEN  
BLISH CROSS \*\*

7471 W. OAKLAND PARK BLVD., SUITE 110  
FORT LAUDERDALE, FLORIDA 33319  
Tel: (954) 572-2121 • Fax: (954) 572-2125

KELLY A. DREAPP \*  
DONNIE H. LURER \*

- \* Member of the Federal Bar
- \*\* Member of the New York Bar

\* Legal Assistant

October 14, 1996

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

200001978582--1  
-10/17/96--01047--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RE: New Corporation

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Incorporation, for Lauderdale Spine And Sports Rehabilitation Center, P.A., along with the Transmittal Letter and Designation of Registered Agent/Office. I have also enclosed a check for \$78.75 representing your fee for the new corporation. Please process these documents accordingly and forward a copy back to my office.

Should you have any questions or concerns regarding this new corporation, feel free to contact my office anytime.

Sincerely,

*James L. Soule*  
James L. Soule, Esquire  
For the Firm

OCT 17 1996 BSB

Enclosures  
JLS:kad  
husebow/new-corp.ltr

EFFECTIVE DATE  
10-14-96

FILED  
96 OCT 17 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Kelly*  
GAVE

100

AUTHORIZATION BY PHONE TO  
CORRECT at shares  
DATE 10/21/96  
DOB EXAM BSB

## TRANSMITTAL LETTER

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

SUBJECT: LAUDSHILL SPINE AND SPORTS REHABILITATION CENTER, P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check  
for :

\$70.00

\$78.75

\$122.50

\$131.25

FROM: JAMES L. SOULC  
Name (printed or typed)

7471 W. ORKLAND PARK BLVD, #110  
Address

FT LAUDERDALE, FL. 33319  
City, State & Zip

(954) 572-2121  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

of

LAUDERHILL SPINE AND SPORTS REHABILITATION CENTER, P.A.

FILED

96 OCT 17 PM 3:49

SECRETARY OF STATE  
FLORIDA

EFFECTIVE DATE

10-14-96

Article I

The name of the corporation is: LAUDERHILL SPINE AND SPORTS REHABILITATION CENTER, P.A.

Article II

This corporation shall exist perpetually unless sooner dissolved according to law, commencing on the date of execution and acknowledgement of these articles.

Article III

The general nature of the business and the objects and purposes to be transacted and carried on are the treatment and rehabilitation of health care needs.

Article IV

This shall be a for profit corporation with the directors elected in a manner to be specified in the bylaws.

Article V

The street address of the initial registered office of this corporation is 7471 W. Oakland Park Blvd., Suite 110, Ft Lauderdale, Florida 33319, and the name of the initial registered agent of this corporation at that address is James L. Soule.

Article VI

The name of the person signing these articles is: Dr. Lisa Huseboe 4140 NW 12TH STREET, Lauderhill, FL. 33319.

Article VII

The principle place of business and mailing address will be 4140 NW 12TH STREET, LAUDERHILL, Fl. 33319

Article VIII

The number of shares of stock for this corporation is 100.

IN WITNESS WHEREOF, the undersigned subscriber  
has executed these Articles of Incorporation, this 14th day of  
October, 1996.

  
Lisa Huseboe

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

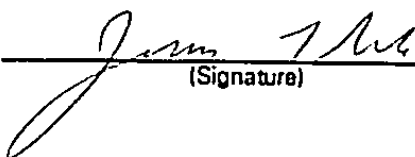
1. The name of the corporation is: LAUDERHILL SPRING AND SPORTS  
REHABILITATION CENTER, P.A.

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

JAMES L. SOULG  
(Name)  
2471 W. OAKLAND PARK BLVD #110  
(P.O. Box not acceptable)  
FT LAUDERDALE, FL 33319  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)