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TRANSMITTAL LETTER

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

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SUBJECT: COMPLIMENTARY MEDICINE CENTER, INC.

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

Filling Fee Filling Fee & Certified Copy
& Certificate & Certificate

Enclosed is an original and one (1) copy of the articles of incorporation and a check of the composition of the articles of incorporation and a check of the composition of the articles of incorporation and a check of the articles of th

FROM: JUEL A. SHOR CPA

Name (printed or typed)

3/64 ST ANNES PLACE

Address

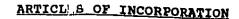
BUCA RATUN, FL 33496

City, State & Zip

56/-394-2800

F. CHASSOER NOV 7 1996

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



OF

COMPLIMENTARY MEDICINE CENTER, INC.

PURSUANT TO THE PROVISIONS OF SECTION 607.194 OF THE FLORIDA GENERAL CORPORATION ACT, THE UNDERSIGNED CORPORATION, PURSUANT TO A RESOLUTION DULY ADOPTED BY ITS BOARD OF DIRECTORS, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1- NAME AND MAILING ADDRESS

THE NAME OF THIS CORPORATION IS COMPLIMENTARY MEDICINE CENTER, INC. THE MAILING ADDRESS IS ELIZABETH FABRIZIO ,871 DONALD ROSS ROAD, JUNO BEACH, FLORIDA 33403.

ARTICLE 2 - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY COMMENCING ON THE DATE THESE ARTICLES ARE FILED WITH THE DEPARTMENT OF STATE.

ARTICLE 3- PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE FOLLOWING PURPOSE: PHYSICAL THERAPY AND ANY OR ALL LAWFUL BUSINESS.

ARTICLE 4- CAPITAL STOCK

THIS CORPORATION IS NUTHORIZED TO ISSUE 5000 SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK WHICH SHALL BE DESIGNATED COMMON SHARES ".

ARTICLE 5- INITIAL REGISTERED OFFICE AND AGENT

THE STREET AND THE MAILING ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS 871 DONALD ROSS ROAD, JUNO BEACH, FLORIDA 33403 AND THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS ELIZABETH FABRIZIO.

ARTICLE 6 - INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME BY THE BYLAWS BUT SHALL NEVER BE LESS THAN ONE. THE NAME AND MAILING ADDRESS OF THE INITIAL DIRECTOR OF THIS CORPORATION IS: ELIZABETH FABRIZIO, 871 DONALD ROSS ROAD, JUNO BEACH, FLORIDA 33403.

ARTICLE 7 - INCORPORATOR

THE NAME AND MAILING ADDRESS OF THE PERSON SIGNING THESE ARTICLES IS: ELIZABETH FABRIZIO, 871 DONALD ROSS ROAD, JUNO BEACH, FLORIDA 33403.

ARTICLE 8- RESTRICTIONS ON TRANSFER OF STOCK

SHARES OF CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED INITIALLY TO THE FOLLOWING PERSONS AND IN THE AMOUNT OF THE SET OPPOSITE THEIR NAME:

ELIZABETH FABRIZIO

1000 SHARES

SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UPLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMONG ALL OF THE SHAREHOLDERS AND THIS CORPORATION. ALL UNISSUED SHARES OF STOCK MUST BE GRANTED WITH UNANIMOUS APPROVAL, OF THE BOARD OF DIRECTORS PRIOR TO THEIR INSURANCE, IF AT ALL.

ARTICLE 9- BYLAWS

THE POWER TO ADOPT ,ALTER, AMEND OR REPEAL BYLAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND SHAREHOLDERS.

ARTICLE 10- POWERS

THIS CORPORATION SHALL HAVE ALL OF THE CORPORATE POWERS ENUMERATED IN THE FLORIDA GENERAL CORPORATION ACT.

ARTCILE 11- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICER OR DIRECTOR, TO THE FULL EXTENT PERMITTED BY LAW.

ARTICLE 12- AMENDMENT

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HERETO, AND ANY RIGHT CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

IN WITNESS WHEREOF , THE UNDERSIGNED SUBSCRIBER HAS EXECUTED THESE, ARTICLES OF INCORPORATION THIS ____ DAY OF _____, 1996.

Chyalist a. Farm

ELIZABETH FABRIZIO

ACCEPTANCE OF REGISTERED AGENT

<u>or</u>

COMPLIMENTARY MEDICINE CENTER, INC.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED, I HEREBY ACCEPT THE ACT IN THIS CAPACITY AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48. 091, FLORIDA STATUES, RELATIVE TO KEEPING OPEN SAID OFFICE.

WITNESS

Clubbett a . Falingi ELIZABETH FABRIZIO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA