

P96000093391

TRANSMITTAL LETTER

Date: Nov 14, 1996

Department Of State
Division Of Corporations
POB 6327
Tallahassee, Fl. 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV 14 PM 2:23

FILED

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-11/14/96--01110--001
****122.50 ****122.50

SUBJECT: Physical Therapy and Rehabilitation, Inc.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FROM:

LEON DUFRESNE

Name

Physical Therapy and Rehabilitation, Inc.

Corporation Name

1325 S. CONGRESS AVE. Suite 103

Address

Boynton Beach, Fla. 33426

City/State/Zip

561-737-1325

Phone

DIVISION OF CORPORATION

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RECEIVED

Will wait

PLEASE PRINT NAME

nc 11-14-96

FLORIDA
ARTICLES OF INCORPORATION
OF

Physical Therapy and Rehabilitation, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV 14 PM 2:23

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The undersigned, for the purpose of forming a Corporation under the Florida General Corporation Act hereby adopt the following Articles of Incorporation:

ARTICLE I

The name of the corporation is: Physical Therapy and Rehabilitation, Inc.

ARTICLE II

The address of the principal office is:

1325 S. CONGRESS AVENUE SUITE 103

BOYNTON BEACH, FL. 33426

ARTICLE III

The aggregate number of shares which the corporation has authority to issue is five hundred thousand (500,000), all of which shall be common shares with no par value.

ARTICLE IV

The street address of the corporation's initial registered office is:

1325 S. CONGRESS AVE. - SUITE 103

BOYNTON BEACH, FLA. 33426

and the name of its initial registered agent at this office is: LEON DUFRESNE

ARTICLE V

The name and address of the sole incorporator is:

LEON DUFRESNE

Physical Therapy and Rehabilitation, Inc.

1325 S. CONGRESS AVE - SUITE 103

BOYNTON BEACH, FLA. 33426

ARTICLE VI

The purposes for which the corporation is organized are to carry on any and all lawful business purposes not otherwise prohibited by law.

ARTICLE VII

The term of the corporation is perpetual.

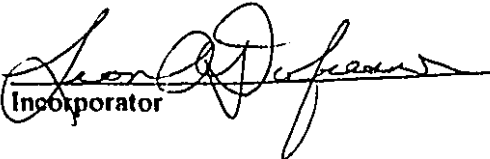
ARTICLE VIII

The private property of the stockholders shall not be subject to payment of the corporate debts in any event.

ARTICLE IX

The corporation shall indemnify and insure its officers and directors to the fullest extent permitted by law either now or hereafter.

The undersigned has executed these articles of incorporation this 14TH day of Nov., 1996.

 (Seal)
Incorporator

STATE OF FLORIDA

COUNTY OF

BE IT REMEMBERED that on this day before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments personally appeared:

_____ to me personally known to be the person described as the incorporator in the foregoing Articles of Incorporation, and he acknowledged before me that he executed said Articles of Incorporation.

WITNESS my official hand and seal at the city of _____, said County and State, this _____ day of _____, 199_____.

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

(Seal)

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

Pursuant to the provisions of section 607.0501, 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:

Physical Therapy and Rehabilitation, Inc.

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

LEON DUFRESNE
1325 S. CONGRESS AVE. Suite 103
Boynton Beach, Fla. 33426

SIGNATURE:

Leon Dufresne

TITLE:

Incorporator

DATE:

Nov. 14, 1996

FILED
96 NOV 14 PM 2:23
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

Leon Dufresne

DATE:

Nov. 14, 1996

REGISTERED AGENT FILING FEE: \$35.00

\\s-pld-cmf\ncorp\RegAgent

P96000093391

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 4, 1997

PHYSICAL THERAPY AND REHABILITATION, INC.
525 S.E. 6TH AVE
DELRAY BEACH, FL 33483

SUBJECT: PHYSICAL THERAPY AND REHABILITATION, INC.
Ref. Number: P96000093391

Debit Memo #: 73944-E

This is to inform you that check #105 in the amount of \$165.00 submitted with the annual report for PHYSICAL THERAPY AND REHABILITATION, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after August 4, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey
Accountant I

Letter Number: 397A00030279

P96000093391

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-08/20/97--01080--001
****180.00 ****180.00

August 19, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: PHYSICAL THERAPY
And REHABILITATION, INC.

DEBIT MEMO: # 73944-E

CHECK #: 105