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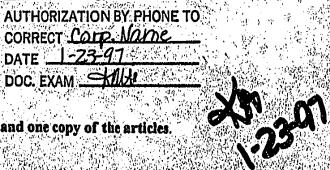
SECRETAR A STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations

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•			*****78.75 ***	***78.
losed is an original ar	nd one(1) copy of the artic	cles of incorporation and a c	check for :	
\$70,00	A \$78.75	□\$122.50	□ \$131.25	٠,
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
			& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:ALA	AN EUWSTANDERSON	ાં વર્ષો સુરાજ્યમારી સમિતા કર્યો કરે માર્ગ્સના ન		e Restai
	Name (Print	ted or typed)		
		·祝与主新学 医毛 第二十二年 [8] [8] [4] [4] [4]		
	13 Northwest 2ND	LANE		News ;
		LANE iress		

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

DOC. EXAM _



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

REHABILITATIVE Specialties, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4013 Northwest 2ND LANE DELRAY BEACH, FL 33445

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALAN E.W. ANDERSON 4013 Northwest 2ND LANE DELRAY BEACH, FL 33445

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALAN E.W. ANDERSON 4013 Northwest 2ND LANE DELRAY BEACH, FL 33445

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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 nam	e of the corporation is REHABILITATIVE Specialties. Inc.	
2. The nam	ee and address of the registered agent and office is:	4.0 9
	ALAN E.W. ANDERSON (NAME)	FILE FILE
	4013 Northwest 2ND LANE (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	PH KE OF
	DELRAY BEACH, FL 33445 (CITY/STATE/ZP)	DA CO

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.

Han & Suprature) ferson January 13, 199.

(Signature) for the party of the party of