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TRANSMITTAL LETTER

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

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-07/23/97--01106--001
****172.50 ****172.50

SUBJECT: Neuromuscular Diagnostic Group, Inc.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ ~~\$122.50~~
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Norine Kane
Name (Printed or typed)

c/o 978 Douglas Ave. Ste. #102
Address

Altamonte Springs, FL 32714
City, State & Zip

407-444-0500
Daytime Telephone number

FILED
97 JUL 23 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 25 1997 BSB

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

Florida Department of State, Sandra B. Mortham, Secretary of State

CERTIFICATE OF DOMESTICATION

The undersigned, Norine Kane, Pres.,
(Name) (Title)

of Neuromuscular Rehab Pros, Inc. a foreign Corporation,
(Corporation Name)

in accordance with Florida Statutes, section 607.1801 does hereby certify:

1. The date on which corporation was first formed was May 20, 19 96.
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was Kentucky.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Neuromuscular Rehab Pros, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to ss. 607.0202 and 607.0401 with this certificate is Neuromuscular Diagnostic Group, Inc.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was Kentucky.

I am Norine Kane, of Neuromuscular Rehab Pros, Inc.

and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 21 day of July, 19 97.

Norine Kane
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$122.50
Total to domesticate and file	\$172.50

ARTICLES OF INCORPORATION

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

FILED

97 JUL 23 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Neuromuscular Diagnostic Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

978 Douglas Avenue, Ste. #102 Altamonte Springs, FL 32714

ARTICLE III SHARES

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

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

Ken Rogers
425 Selkirk Dr.
Winter Park, FL

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Norine Kane
978 Douglas Avenue, Ste. #102, Altamonte Springs, FL 32714



Signature/Incorporator

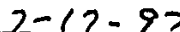

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent



Date