

TRANSMITTAL LETTER

P97000087514

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

SUBJECT: RehabWare, Incorporated.  
(Proposed corporate name - must include suffix)

900002316509--6  
-10/09/97--01101--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Dorothy Jean Nattiel - Morris  
Name (Printed or typed)

16401 Shagbark Place  
Address

Tampa, Florida 33618  
City, State & Zip

(813) 961-1279  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT -9 AM 9:09

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

RP  
10-10-97

## 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:

RehabWare, Inc.,  
: For Smart People Who Care.

### ARTICLE II PRINCIPAL OFFICE

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

16401 Shagbark Place  
Tampa, Florida 33618

### ARTICLE III SHARES

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

one hundred shares of common stock  
one class only, each with a par value  
of \$1.00 (one dollar)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dorothy Jean Nattiel-Morris  
16401 Shagbark Place  
Tampa, Florida 33618

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**See instructions for officers/directors**

Board of Directors  
1) Dorothy Jean Nattiel-Morris  
Title: President / Secretary  
16401 Shagbark Place  
Tampa, Florida 33618

6<sup>th</sup> day of October, 1997

Rosemary Jean Kettie - Morris

Signature

[Handwritten Signature]

Signature

                                

Signature

**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 name of the corporation is Rehab Ware Inc.  
For Smart People Who Care

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

Dorothy Jean Nattiel-Morris  
(NAME)

16401 Shagbark Place  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida 33618  
(CITY/STATE/ZIP)

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*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.*

Dorothy Jean Nattiel-Morris  
(SIGNATURE)

10-6-97  
(DATE)