

P980000001787

TRANSMITTAL LETTER

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

600002389576--0
-01/05/98--01063--006
*****70.00 *****70.00

SUBJECT: New Smyrna Therapy Center, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 70

FROM:

Les Gardi CPA
Name (printed or typed)
7061 S Tamiami Trail
Address
Sarasota, FL 34231
City, State, & Zip
(941) 925-2099
Telephone Number

RMC
1-8-98

FILED
98 JAN -5 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION
OF

New Smyrna Therapy Center, Inc.

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:

New Smyrna Therapy Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

47 S. Palm Ave Suite 212 Sarasota, FL 34236

ARTICLE III CAPITAL STOCK

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Les Gardi CPA
7061 S Tamiami Trail
Sarasota, FL 34231-5559

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ARTICLE V INCORPORATOR(S)

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

Jeffrey Wyke
47 S. Palm Ave Suite 212
Sarasota, FL 34236

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

... 1st day of January, 1998.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: New Smyrna Therapy Center, Inc.

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

Les Gardi CPA

(NAME)

7061 S Tamiami Trail

(P.O. BOX NOT ACCEPTABLE)

Sarasota, FL 34231

(CITY/STATE/ZIP)

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SECRETARY OF STATE
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 *Les Gardi*

DATE 1/1/98

REGISTERED AGENT FILING FEE: \$35.00