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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-09/11/98--01077--002
*****70.00 *****70.00

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00.

FROM:

NATIONWIDE REHAB SOLUTIONS, INC.
48 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695

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

P. Hall

SEP 16 1998

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
NATIONWIDE REHAB SOLUTIONS 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: NATIONWIDE REHAB SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

48 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695

ARTICLE III SHARES

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:

WILLIAM LINDAHL
48 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695


ARTICLE V INCORPORATOR(S)

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


WILLIAM LINDAHL
48 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695

DALE SCHUTZE
12903 MIA CIRCLE
LARGO, GL 33774

The undersigned incorporator(s) has (have) executed these Article of Incorporation this
1ST day of September, 1998



Signature



Signature

Signature

Article of Incorporation

Filing Fee - \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NATIONWIDE REHAB SOLUTIONS, INC
2. The name and address of the register agent and office is:
William Lindahl
48 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695

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

DATE

[Signature]
9/4/98

REGISTERED AGENT FILING FEE \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314