

P99000049226

PROGRESSIVE PHYSICAL MEDICINE GROUP, INC. OF FLORIDA
616 Renaissance Pointe #206
Altamonte Springs, Florida 32714
(407) 522-4485

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

000002887210--9
-05/26/99-01069-006
*****87.50 *****87.50

SUBJECT: PROGRESSIVE PHYSICAL MEDICINE GROUP, INC. OF FLORIDA

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for \$87.50. This amount includes filing fee, certified copy, and certificate status.

I have also enclosed a self-addressed stamped envelope for your convenience. Please feel free to call me if you have any questions. You may reach me at (407) 616 - 4391. Thank You.

FROM: Yolanda Moore
616 Renaissance Pointe #206
Altamonte Springs, FL 32714
(407) 616-4391

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99 MAY 26 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
FOR
PROGRESSIVE PHYSICAL MEDICINE GROUP, INC. OF FLORIDA

ARTICLE I.

The name of the corporation shall be PROGRESSIVE PHYSICAL MEDICINE GROUP, INC. OF FLORIDA (hereinafter referred to as the "corporation").

ARTICLE II.

The principal place of business and mailing address of this corporation shall be 616 Renaissance Place #206 Altamonte Springs, Florida 32714.

ARTICLE III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is not to exceed one million (1,000,000).

ARTICLE IV.

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

Yolanda Moore

**616 Renaissance Pointe #206
Altamonte Springs, Florida 32714**

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TALLAHASSEE FLORIDA

ARTICLE V.

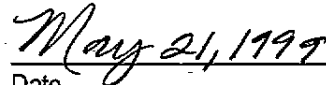
The name and address of the incorporator of these Articles of Incorporation is:

Yolanda Moore

**616 Renaissance Pointe #206
Altamonte Springs, Florida 32714**



Signature/Incorporator




Date

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

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