

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

**FILED**  
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

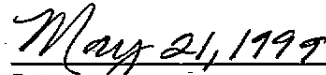
**ARTICLE V.**

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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TALLAHASSEE FLORIDA