

P99000054540

Date
6/8/99

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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-06/14/99--01134--011
****122.50 ****78.75

Re. FLA. SPEECH PATHOLOGISTS, Inc.
(name of corp)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, certified copy of articles of Incorporation and Fee for Registered agent Designation for the above named corporation.

Very truly yours,

FLA. SPEECH PATHOLOGISTS, INC.
(name of corp)

5120 SW 87 AVE
FT. LAUD, FL 33328

Phone
(904) 434 0001

99 JUN 14 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

PLA. SPEECH PATHOLOGIST, INC.
(name of corp)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PLA. SPEECH PATHOLOGIST, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: PLA. SPEECH PATHOLOGIST, INC.

ADDRESS: 5720 SW 87 AVE

CITY: FT. LAUD FLORIDA FL ZIP 33328

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: DENISE ZARETSKI
ADDRESS: 5120 SW 87 AVE
CITY: PT. LAUD FLORIDA ZIP 33328

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). the names and addresses of the initial director(s) of the corporation are as follows:

NAME: DENISE ZARETSKI; PRES/SECRETRES
ADDRESS 5120 SW 87 AVE
CITY PT. LAUD. FLORIDA ZIP 33328

NAME: _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME: _____
ADDRESS: _____
CITY: _____ FLORIDA ZIP _____

ARTICLE VII - INCORPORATORS

The names and address of the incorporators signing theses Articles of Incorporation are as follows:

NAME: DENISE ZARETSKI
ADDRESS: 5720 SW 87 AVE
CITY: FT. LAUD FLORIDA ZIP 33328

NAME: _____
ADDRESS: _____
CITY: _____ FLORIDA ZIP _____

NAME: _____
ADDRESS: _____
CITY: _____ FLORIDA ZIP _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have
executed these Articles of Incorporation this 8 day of
JUNE, 1999.

Denise Zaretski

STATE OF FLORIDA

COUNTY OF Broward

before me, a Notary Public authorized to take
acknowledgements in the State and County set forth above,
personally appeared

DENISE ZARETSKI

known to me and known to be the person(s) who executed the
foregoing Articles of Incorporation, and who acknowledged
before me that SHE executed these Articles of
Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and
seal, in the State and County aforesaid, this 8
day of JUNE, 1999.

Walter T. Samuelson

Notary Public, State of Florida

My commission expires:



Walter T. Samuelson
MY COMMISSION # CC534858 EXPIRES
February 26, 2000
BONDED THRU TRY FAN INSURANCE, INC.

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

PLA - SPERCH PATHOLOGIST, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501,
the following is submitted: The above corporation, desiring
to organize under the laws of the State of Florida with its
registered office as indicated in the Articles of
Incorporation at 5120 SW 87 AVE

PT. LAUD AL 33328
has named DENISE ZARETSKI

located at the aforesaid address, as its Registered Agent to
accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of
process for the above stated corporation at the place
designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this
capacity, and agree to comply with the provisions of Florida
Law in keeping open said office.

Denise Zaretski
registered agent

99 JUN 14 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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