

TRANSMITTAL LETTER

P99000104201

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

SUBJECT: Florida Orthopedic Rehabilitation Associates, P.A  
(Proposed corporate name - must include suffix)

400003058284--1  
-12/02/99--01001--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: A. Kenneth Levine, Esq.  
Name (Printed or typed)

215 South Monroe Street, 2nd Floor  
Address

Tallahassee, Florida 32301  
City, State & Zip

(850) 222-3533  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 DEC -1 PM 4:32

APPROVED  
AND  
FILED

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

2011 DEC 01 1999

**ARTICLES OF INCORPORATION**  
**of**  
**FLORIDA ORTHOPEDIC REHABILITATION ASSOCIATES, P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporations and Limited Liability Company Act and the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

**ARTICLE I.**

**NAME OF CORPORATION**

The name of the corporation shall be: FLORIDA ORTHOPEDIC REHABILITATION ASSOCIATES, P.A.

**ARTICLE II.**

**PRINCIPAL OFFICE**

The initial principal place of business and mailing address shall be: 215 South Monroe Street, 2nd Floor, Tallahassee, Florida 32301.

**ARTICLE II.**

**NATURE OF BUSINESS**

The corporation shall be authorized to employ such persons who render professional services for which licensure is required under chapter 458, Florida Statutes, and who engage in the diagnosis, treatment, operation, or prescription for any physical or mental condition.

**ARTICLE III.**

**CAPITAL STOCK**

The maximum number of shares that this corporation is authorized to issue is 1,000 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV.**

**TERM OF EXISTENCE**

The corporation is to have a perpetual existence.

**ARTICLE V.**

**INITIAL REGISTERED OFFICE AND AGENT**

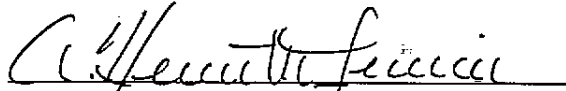
The name and address of the initial registered agent is: A. Kenneth Levine, Pennington, Moore, Wilkinson, Bell & Dunbar, P.A., 215 South Monroe Street, Second Floor, Tallahassee, Florida 32301.

**ARTICLE VI.**

**INCORPORATORS**

The name and street address of the incorporator to these Articles of Incorporation is: A. Kenneth Levine, Pennington, Moore, Wilkinson, Bell & Dunbar, P.A., 215 South Monroe Street, Second Floor, Tallahassee, Florida 32301.

The undersigned incorporator has executed these Articles of Incorporation this 1st day of December, 1999.

  
A. Kenneth Levine, as Incorporator

**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: Florida Orthopedic Rehabilitation Associates, P.A.

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

A. Kenneth Levine

(NAME)

215 South Monroe Street, 2nd Floor

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32301

(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

*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.*

A. Kenneth Levine  
(SIGNATURE)

12/1/99  
(DATE)

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