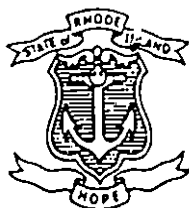


Filing Fee \$150.00

ID Number: 112362



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

ORIGINAL ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is Whole Health Physical Therapy, Inc.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

2. The period of its duration is (if perpetual, so state) Perpetual

3. The specific purpose or purposes for which the corporation is organized are:

~~To provide physical therapy services, and other related services and any other lawful purpose.~~

4 The aggregate number of shares which the corporation shall have authority to issue is:

(a) If only one class. Total number of shares 1000 (If the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.):

NONE

or

(b) If more than one class: Total number of shares _____ (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.):

5. Provisions (if any) dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

None

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SECRETARY OF STATE
CORPORATIONS DIV
JAN 21 2008

6 Provisions (if any) for the regulation of the internal affairs of the corporation:

None

7. The address of the initial registered office of the corporation is 528 N. Main Street

(Street)

Providence
(City/Town)

RI 02906
(Zip Code)

and the name of its initial registered agent at such address is

Denise Leclaire

8. The number of directors constituting the initial board of directors of the corporation is two and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1.1-51 of the General Laws, 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

Title

Name

Address

~~Pres. Sec.~~ Elizabeth A. Demers

22 Brook Farm Rd., No Prov, RI 02904

V.P.- Treas. Denise Leclaire

200 R Farm St., Blackstone, MA 01504

9. The name and address of each incorporator is:

Name

Address

Elizabeth A. Demers

22 Brook Farm Rd., No Prov, RI 02904

Denise L. Leclaire

200 R Farm St., Blackstone, Ma 01504

10. Date when corporate existence to begin: Immediately upon incorporation

(not more than 30 days after filing of these articles of incorporation)

Dated 4/12/2000

FILED

MAY 08 2000

STATE OF
COUNTY OF

Rhode Island
Providence

By

242545

In Elizabeth A. Demers + Denise Leclaire on this 12 day of April, 2000, personally appeared

before me Elizabeth A. Demers + Denise Leclaire

each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by them subscribed to be their free act and deed.

NOTARY PUBLIC
STATE OF RHODE ISLAND
COMMISSION EXPIRES 6/15/01

Notary Public

My Commission Expires: 6/15/01



For All Direct Insurance and Service Members

CNA Plaza, Chicago, IL 60685

**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP**

CERTIFICATE OF INSURANCE

Producer 018098	Branch 970	Prefix HPG	Policy Number 0246255839	Policy Period 12:01 A.M. Standard Time 05/01/00 to 05/01/01
Named Insured and Address Whole Health Physical Therapy 528 N Main St Providence, RI 02904-5721				Program Administrator Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040
Medical Specialty: Physical Therapist Firm		Code: 80938	Insurance provided by: American Casualty Company of Reading, PA 401 Penn Street Reading, PA 19603	

**Additional Insured
Location**

A.
B.

LIMITS OF LIABILITY		COVERAGE PART
Per Occurrence	Aggregate	
A \$ 1,000,000	\$ 5,000,000	Professional Liability, including Good Samaritan & Personal Injury
B Included	Included	Business Coverage Extension Premises Liability, Products Liability, Misplacement, Host Liquor
C \$ 10,000	\$ 10,000	License Protection includes: Defense Cost's at \$150 per Hour Wage Loss, Travel, Food & Lodging \$500 per claim
D \$ 10,000	\$ 10,000	Defendant Expense Benefit
E \$ 10,000	\$ 10,000	Assault
F \$ 2,000	\$ 100,000	Medical Payments
G \$ 2,500	\$ 2,500	First Aid
H \$ 2,500	\$ 2,500	Damages to Property of Others
I \$ 10,000	\$ 10,000	Deposition Fees and Expense
J \$ None	\$ None	General Liability
Total Premium: \$ 290.00		

Policy forms & Endorsements G-121500-B G-121503-B G-121501-B G-123815-B38
G-123846-B38 G-124744-A

<i>Bernard L. Hargrave</i> Chairman of the Board	<i>Jonathan Kantor</i> Secretary	Keep this document in a safe place. This and your cancelled check act as proof of coverage. Master Policy Number 0152432409
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G-121507-B (Occurrence)(ED 6/98)

Effective Date of Change _____

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