

Registration Fee: \$150.00

ID Number: 124669



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 Elite 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:
Operating a physical therapy clinic

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

(a) *If only one class:* Total number of shares 800 (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.):

common stock - no par value

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

FILED

MAY 09 2002

By Cliff H. 3/28/02

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|--|---------------------|---|--|--|
|  For All the Commitments You Make® CNA Plaza, Chicago, IL 60685 | | HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP CERTIFICATE OF INSURANCE | | |
| Producer | Branch | Prefix | Policy Number | Policy Period |
| 018098 | 970 | HPG | 0184303987 | 12:01 A.M. Standard Time 07/17/01 to 07/17/02 |
| Named Insured and Address | | | | Program Administrator |
| Michael A Nula 65 Merton Rd Newport, RI 02840-3683 Medical Specialty: Physical Therapist Code: 80938 | | | | Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040 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 in A above | Included in A above | Individual Workplace Liability Extension | |
| C | \$ 5,000 | \$ 10,000 | License Protection includes: Defense Costs at \$150 per Hour Wage Loss, Travel, Food & Lodging \$500 per claim | |
| D | \$ 10,000 | \$ 10,000 | Defendant Expense Benefit | |
| E | \$ 5,000 | \$ 10,000 | Assault | |
| F | \$ 2,000 | \$ 100,000 | Medical Payments | |
| G | \$ 2,500 | \$ 2,500 | First Aid | |
| H | \$ 500 | \$ 500 | Damage to Property of Others | |
| I | \$ 2,500 | \$ 5,000 | Deposition Fees and Expense | |
| J | \$ None | \$ None | General Liability | |
| K | \$ 1,000,000 | \$ 1,000,000 | Personal Liability | |
| Total Premium: | | \$ 70.00 | | |
| Policy forms & Endorsements: G-121500-B G-121501-B G-121509-B G-123815-B38 G-123846-B38 | | | | |
|  Bernard L. Abzug Chairman of the Board | |  Jonathan Kantor Secretary | | Keep this document in a safe place. This and your cancelled check act as proof of coverage Master Policy Number: 0152432409 |