

Filing Fee: \$150.00

ID Number:

119177



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

ARTICLES OF INCORPORATION (To Be Filed In Duplicate Original)

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 SAKONNET PHYSICAL THERAPY, INC.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended.) (If not applicable, delete.)

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:

outpatient physical therapy and any other lawful purposes

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

(a) If only one class: Total number of shares 5000 (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.):

no par value common stock

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, 1956, as amended, 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.)

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

10. 11 66 8 17 1997

such provisions as may be adopted in the future as reflected in the by laws or minutes

6. Provisions, if any, for the regulation of the internal affairs of the corporation:

such provisions as may be adopted in the future
as reflected in the by laws or minutes

7. The address of the initial registered office of the corporation is 31 Shore Street
(Street Address, not P O Box)
Tiverton, RI 02878 and the name of its initial registered agent
(City/Town) (Zip Code)
at such address is Jessica B. Chaves.
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is 0 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
<u>president</u>	<u>Jessica B. Chaves</u>	<u>31 Shore Street</u>
<u>vice president</u>		<u>Tiverton, RI 02878</u>
<u>secretary</u>		
<u>treasurer</u>		

9. The name and address of each incorporator is:

Name	Address
<u>Jessica B. Chaves</u>	<u>31 Shore Street</u>
	<u>Tiverton, RI 02878</u>

10. Date when corporate existence is to begin 7/1/01
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: 6/27/01 Jessica B. Chaves

STATE OF Rhode Island
COUNTY OF Providence

Signature of each Incorporator

In Providence, on this 27th day of June, 2001, personally
appeared before me Jessica B. Chaves,
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.

Cathryn L. Villanovis
Notary Public
My Commission Expires: 3/11/02



159 East County Line Road • Hatboro, PA 19040-1218
1-800-982-9491 • Fax 1-800-739-8818 • www.hpso.com

June 22, 2001

Attn: Jessica B. Chaves
Sakonnet Physical Therapy
31 Shove Street
Tiverton, RI 02878-5040

Faxed to: 401-624-9152

Re: Professional Liability
Policy #: 247005743

NO CLAIMS OR CIRCUMSTANCES LETTER

This is to acknowledge that, after inquiry, I am *not* aware of any professional liability claims which may have been asserted against me or any affiliated professional association, corporation, or subsidiary to which this insurance will apply. This document will also certify that, to the best of my knowledge, the information given on the application is unchanged since it was completed except for the following (give a brief description of such claim, occurrence, incident or circumstance, or any other change in the information given on the application):

Please list your employees professions and hours per week:

<u>Jessica Chaves</u> Insured Signature	<u>Employees-profession</u> myself only - physical therapist	<u>Hours Per Week</u>
<u>6/22/01</u> Date		

I am requesting to add separate limits endorsement to my policy due to requirement from Blue Shield

I authorize HPSO to charge my credit card, for the change that I have requested.

My credit card number is: please bill later for total amount
The expiration date is: 11/01

Jessica Chaves
Insured Signature
6/22/01
Date

Dedicated To Serving The Insurance Needs of Healthcare Providers.

Healthcare Providers Service Organization is a division of Affinity Insurance Services, Inc. In NY and NH, AIS Affinity Insurance Agency in MN and OK, AIS Affinity Insurance Agency, Inc. and in CA, AIS Insurance Services. In FL, we are not an affiliated or independent

TOTAL P.01

Print Date 06/04/01



For All But Commercial Auto Insurance

**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP**

CNA Plaza, Chicago, IL 60685

CERTIFICATE OF INSURANCE

Producer 018098	Branch 970	Prefix HPG	Policy Number 0247005743	Policy Period 12 01 A.M. Standard Time 07/01/01 to 07/01/02
Named Insured and Address Sakonnet Physical Therapy 31 Shove Street Tiverton, RI 02878-5040				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.
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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	Business Coverage Extension: Premises Liability, Products Liability, Misplacement, Host Liquor
C \$ 10,000	\$ 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 \$ 10,000	\$ 10,000	Assault
F \$ 2,000	\$ 100,000	Medical Payments
G \$ 2,500	\$ 2,500	First Aid
H \$ 2,500	\$ 2,500	Damage to Property of Others
I \$ 10,000	\$ 10,000	Deposition Fees and Expense
J \$ 1,000,000	\$ 5,000,000	General Liability

Total Premium: \$ 440.00

Policy forms & Endorsements: G-121500-B G-121503-B G-121501-B G-123815-B38
G-123846-B38 G-121504-B

 Bernard L. Hightshaupt Director	 Jonathan Kantor Secretary	Keep this document in a safe place. This and your canceled check act as proof of coverage. Master Policy Number 0152422378
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G-121507-B (Occurrence)(EC 800)

Coverage Change Date:

Endorsement Change Date: