

Filing and License Fee: \$230.00 minimum

ID Number:

148876



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Matthew A. Brown

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 Tente Physical Therapy, Inc. *ST*

(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 operate a physical therapy practice, to include athletic training services and sports conditioning 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 1000 (If the authorized shares are to consist of one class only the par value of such shares or a statement that all of such shares are to be without par value.)

Common, 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, 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.)

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

Transfer of shares are restricted by the By-Laws of the corporation

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

As set forth in the By-Laws of the corporation.

7. The address of the initial registered office of the corporation is 1051 Ten Rod Road, Suite B2-2
(Street Address, not P.O. Box)
North Kingstown, RI 02852 and the name of its initial registered agent
(City/Town) (Zip Code)
at such address is Robert K. Tente
(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)

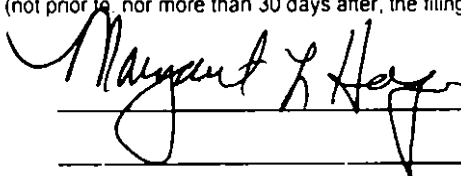
<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>President</u>	<u>Robert K. Tente</u>	<u>58 Dawn Marie Court, North Kingstown, RI 02852</u>
<u>Treasurer</u>	<u>Kathryn H. Tente</u>	<u>Same as above.</u>
<u>Secretary</u>	<u>Robert K. Tente</u>	<u>Same as above.</u>

9. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>Margaret L. Hogan</u>	<u>344 Main Street, Ste. 200, Wakefield, RI 02879</u>

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

Date: May 31, 2005



Signature of each Incorporator

STATE OF Rhode Island
COUNTY OF Washington

In South Kingstown, on this 31st day of May, 2005, personally
appeared before me Margaret L. Hogan

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 Claudia J. Sousa
My Commission Expires: 3/10/09



CNA Plaza,
Chicago, IL 60685

Healthcare Providers Service
Organization Purchasing Group

Certificate of Insurance



Healthcare Providers Service Organization

OCCURRENCE POLICY FORM

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	126967166-0	from: 12:01 AM Standard Time on: 05/16/05 to: 12:01 AM Standard Time on: 05/16/06
Named Insured and Address				Program Administrator
ROBERT K TENTE 58 DAWN MARIE CT NORTH KINGSTOWN RI 02852-6432 Medical Specialty: Athletic Trainer Physical Therapist				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80945 80938				Insurance Provided by
				American Casualty Co. of Reading, PA CNA Plaza 26S Chicago, IL 60685
COVERAGE PARTS				LIMITS OF LIABILITY

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	\$10,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage to Property of Others	\$500.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit
Personal Liability	\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

Workplace Liability	None	None
Hired Auto & Non Owned Auto	None	
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$948.00

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-982-9491

G-121500C G-121501C G-121503C G-145184-A G-147292-A G-144872-A G-123846C-38
G-123815C-38

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 Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

Master Policy: 188711433

Irish Lee H

Chairman of the Board

John A. Zeller

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.