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TRANSMITTAL LETTER

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

SUBJECT:		LTHCARE GRUC	
Enclosed are an ori	·	PORATE NAME - MUST INCL	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		an Trace #	+ 150
	Weston	Address FL 33326 City, State & Zip	, 2

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621,	• •				
ARTICLE I NAME The name of the corporation shall be: AMERICAL	CA HE	EALTHO	LARE (Group	Inc.
	315 I West	ndian on F	Truce L 33?	# 150 526)
ARTICLE III PURPOSE The purpose for which the corporation is organized in	s: To (orovide ices i	Phy n out	sical	Theropy
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR List name(s), address(es) and specific title(s): MORCULO E TORCES, 16091	W. 11		SEORE PAR TALLAHASS	FIL 05 AUG-1	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTO.	RS	FTI -	m [∞]	
List name(s), address(es) and specific title(s):	0! 11 6		IOD (FAĞ)	100 IV	72221
Marculo E Torres, 16091	slutt b	blud 77	IO1 CERT	S. C.	333 CG
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT	acceptable)	of the registere	ed agent is:	۰	
Marcelo e Torres 16041 6	sleitl B	lud H	103 Mer.	ton 7(33326
ARTICLE VII INCORPORATOR				,	
The name and address of the Incorporator is: MOKIEW E. TOKES 16091	BlaH	Blud H	+ 103 Ne:	ston K	33326
**************************************				************** designated in ti	i his
certificate, I am familiar with and accept the appointment as regi	sterea agent and	i agree io aci in i	nis capacity	_	
		_	8/1/0	1	
Signature/Registered Agent			' Date		
			8/1/3) [
Signature/Incorporator		_	Date		