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Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
PROFESSIONAL MOVIL THERAPY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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June 23, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: PROFESSIONAL MOBILE THERAPY CORP.  
REF: W11000033858

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

PROFESSIONAL Mobile Therapy Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

3425 NW 8 St. Apt # 306  
Miami FL 33126

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ronald Barrias  
3425 NW 8 St. Apt # 306  
Miami FL 33126

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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

RONALD BARRIOS  
3425 NW 8 ST APT. 306  
Miami FL 33126

The undersigned incorporator has executed these Articles of Incorporation this

22 day of JUNE 20 11.

  
\_\_\_\_\_  
Signature

**ARTICLE VI - DIRECTOR (S)**

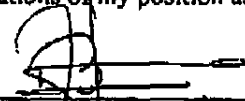
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

RONALD BARRIOS (P)  
Liannelys GONZALEZ (VP, S)

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Registered Agent Signature

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