# P03000109269

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LAZARUS CORPORATE FILIN	G SERVICE	
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
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, Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
	REGISTRATION/	
OTHER FUNGS Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation —	Limited Partnership	
	Reinstatement	
-	Trademark	
	Other Examiner's Initials	

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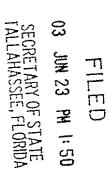
### ARTICLES OF INCORPORATION

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:

ACCESS HOMETHERAPY, INC.



# ARTICLE II - PRINCIPAL OFFICE

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

920 EAST 30Th. STREET HIALEAH, FL. 33013

### 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:

RAFAEL MEDINA 920 EAST 30th STREET HIALEAH, FL. 33013

# ARTICLE V - INCORPORATOR

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

RAFAEL MEDINA 920 EAST 30Th, STREET HIALEAH, FL. 33013

The undersigned incorporator has executed these Articles of Incorporation this  $20^{\text{th}}$  day of 5000 = 2000

The fact The Signature

# ARTICLE VI- DIRECTOR(S)

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

RAFAEL MEDINA (PRESIDENT) 920 EAST 30Th. STREET HIALEAH, FL. 33013

# <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE</u>

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