

N9800000 11 97

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32304

800002435608--3

-02/19/98--01092--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Universal Therapy Center, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Juana M. Aleman  
Name (Printed or typed)

7223 Coral Way  
Address

Miami FL 33155  
City, State & Zip

(305) 264-0470  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 MAR -2 AM 10:43

FILED

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

98 3-2-98

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

Universal Therapy Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

7223 Coral Way  
Miami, Fl. 33155

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

CORF- We will provide rehabilitation services.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

They are elected in accordance with the bylaws.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Juana M. Aleman  
7223 Coral Way  
Miami, Fl. 33155

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation are:

Juana M. Aleman  
7223 Coral Way  
Miami, Fl. 33155

Juana M. Aleman  
Signature/Incorporator

2/12/98  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of incorporation as registered agent.

Juana M. Aleman  
Signature/Registered Agent

2/12/98  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AFFIDAVIT

I, Juana M. Aleman, hereby release the name of Universal Therapy Center, Inc.  
to anyone who wishes to use the name. I do not wish to revoke my decision.

Signed this 23<sup>rd</sup> day of February, 1998.

Juana M. Aleman  
Juana M. Aleman

\_\_\_\_\_  
Witness

Ricardo U. Gonzalez  
Notary

State of Florida  
County of Dade

Personally appeared to me on this 23  
Day of February, 1998.

OFFICIAL NOTARY SEAL  
RICARDO ULISES GONZALEZ FORNOS  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC462500  
MY COMMISSION EXP MAY 10, 1999

2/23/98