

P02000017473

02-09-2002

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Four Seasons Therapy, Inc.

100004911681--6
-02/12/02--01052--004
****122.50 *****78.75

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of 122.50.

This represents the cost of the Charter Tax, Filling Fee, Certified Copy of Articles of Incorporation and Filling Fee for Registered Agent Certificate for the above named corporation.

Very truly yours,

Raymond J. Tate

Please mail certified copy to:

Four Seasons Therapy, Inc.
P.O. Box 260502
Tampa, Fl 33685

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 FEB 12 AM 9:54

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2/15

ARTICLES OF INCORPORATION

OF

Four Seasons Therapy, Inc.

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.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
02 FEB 12 AM 9:54

ARTICLE I-NAME

The name of the corporation shall be: Four Seasons Therapy, Inc.

The principle place of business of this corporation shall be:

Mailing Address

Physical Address

P.O.Box 260502
Tampa, Fl 33685

6585 126th Ave N # D2
Largo, Fl 33773

ARTICLE II-NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III-CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 10,000 all of which shall be Common shares with a non-par value.

ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually, unless dissolved according to Florida law, commencing its existence upon the approval of the State.

ARTICLE V-OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is:

Raymond Stover
7201 Bay Club Ct
Tampa, Fl 33607
Director - President

ARTICLE VI-INCORPORATORS

The name and street address of the incorporator to this articles of incorporation is:

Raymond Stover
7201 Bay Club Ct
Tampa, Fl 33607

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 9th day of February, 2002.

Signature of Incorporator

Raymond Stover

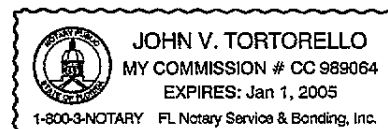
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THE foregoing instrument was acknowledged and sworn to before me this 9th day of February, 2002, by Raymond Stover of Four Seasons Therapy, Inc. Personally known to me or provided as proof Florida Driver License.

Notary Public

J. V. Tortorello

My Commission Expires:



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.


1. The name of the corporation is: Four Seasons Therapy, Inc.
2. The name and address of the registered agent and office is:

Raymond Stover

7201 Bay Club Ct

Tampa, FL 33607

SIGNATURE



02-09-2002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 FEB 12 AM 9:54

ACKNOWLEDGEMENT

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 my position as registered agent.

SIGNATURE



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Signature of Incorporator

Raymond Stover

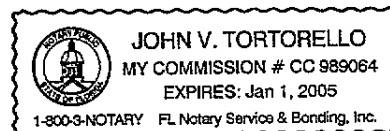
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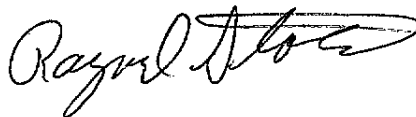
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