OFFICE (3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Lick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENUMENTS Prolit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement *****78.75 *****78.75

Trademark

Other

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:

EAST MIAMI THERAPY CENTER, INC.

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SECRETARY OF STATE
TALLAHASSEF FIORINA

ARTICLE II - PRINCIPAL OFFICE

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

1271 N.W. 6 street Miami, Florida 33125

ARTICLE III -SHARES

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

100 shares of \$1.00 par value common stocks

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Saul Brenesky 345 Ocean Drive # 712 Miami Beach, Fl. 33139

ARTICLE V - INCORPORATOR

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

Saul Brenesky 345 Ocean Drive # 712 Miami, Florida 33139

The undersigned incorporator has executed these Articles of Incorporation this 19 day of MARCH 2001.

Signature

ARTICLE VI- DIRECTOR(S)

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

Marcos Garcia President / Secretary 1271 NW 6 Street Miami, Florid a 33125

Oscar C. Aguilar Vice President / treasurer 1271 NW 6 Street Miami, Florida 33125

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFI

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. 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