

Division of Corporations

Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000133226 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

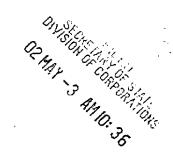
Account Number: 071001002335 : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

THERAPY MEDICAL REHABILITATION CORP.

	\$4 24 24 48 6 2 1815 to 1
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

T SMITH MAY U 6 2002



ARTICLE OF INCORPORATION

OF

THERAPY MEDICAL REHABILITATION CORP.

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be: THERAPY MEDICAL REHABILITATION CORP.

The principal place of business of this corporation shall be: 3750 W. 16 Ave. Suite 230
Hisleah,Fl.33012

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 State, 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: $100 \times $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

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

RAMON ELOY OTERO 160 W. 31 St. Hialeah, Fl. 33012 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

RAMON ELOY OTERO 160 W. 31 St. Hialeah,F1.33012 PRESIDENT , SECRETARY & TREASURER 100 shares

Signature/Title

The undersigned tion this Third	has(have) day of_	executed May	these Arti	icle of	Incorpora
		<u>/</u>	Q.	ure/Tit	
•					
		,	Signat	ure/Tit	le

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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:	•	
	THERAPY MEDICAL REHABILITATION CORP.	· -•	
	•		
2.	The name and address of the registered agent and office		
	is RAMON ELOY OTERO		
	(Name)	-	
	160 W. 31 St.		
	(P. O. BOX NOT ACCEPTABLE)	-	
	Hisleah, Fl. 33012	02 MAY	NVISIO
	(CITY/STATE/ZIF)		27 27.
		-3 AM	ARY OR
HAV:	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE	\odot	r F S FA PORAL
OF I	PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DES REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FU	ည်	100 K
TUDI	C AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATERED		S
VDD KETIK	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY		
POS 3	ITION AS MY POSITION AS REGISTERED-AGENT.		
	SIGNATURE		
	DATE 5-3-2002	_	