LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE 700005481387--1 MIAMI, FLORIDA (305)552-5973 -05/07/02--01062--015 <u>TERES</u>A ROMAN (TALLAHASSEE REPRESENTATIVE) *****78.75 *****78.75 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENUMENTS Tolit-Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawai Domestication -Merger Other OTHER FILINGS REGISTRATION QUALIFICATION Annual Réport 👍 👍 Foreign₂ Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION OF

YOUR THERAPY TEAM, 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

ARTICLE I NAME

The name of the corporation shall be:

YOUR THERAPY TEAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

One West Camino Real Blvd, Suite 117W Boca Raton, Florida 33432

ARTICLE III CAPITAL STOCK

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

Ten thousand shares (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eddy F. Fernandez, Secretary President One West Camino Real Blvd, Suite 117W Boca Raton, Florida 33432

ARTICLE V INCORPORATOR(S)

Incorporation is (are):
Eddy F. Fernandez, Secretary PRESIDENT
One West Camino Real Blvd, Suite 117W Boca Raton, Florida 33432
The undersigned incorporator(s) has (have) executed these Articles of
Incorporation this 6 th day of May 2002
Signature
Signature
Signature

Articles of Incorporation Filing Fee-\$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT /REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Status, 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.

The name of the corporation is YOUR THERAPY TEAM, INC., Inc.

The name and address of the registered agent and office is:

Eddy F. Fernandez, Secretary, Resident.

One West Camino Real Blvd, Suite 117W

Boca Raton, Florida 33432

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 STATUS 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: Gay Flemandor

DATE: 5/06/02

02 MAY -7 AM II: 41
SECRETARY OF STATE
TALLAHASSEE FLORIS

REGISTERED AGENT FILING FEE: \$35.00