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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

A+ ASSOCIATED THERAPY PROFESSIONALS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF
A+ ASSOCIATED THERAPY PROFESSIONALS, INC.

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.

ARTICLE I NAME

The name of the corporation shall be:

A+ ASSOCIATED THERAPY PROFESSIONALS, INC.

The principal place of business of this corporation shall be:

2100 SUNRISE BLVD STE C, FT PIERCE FL 34950

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 value that this corporation is authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

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) and director(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):

President: TISHUNDA JOHNSON TOLLIS
1817 SO 26TH STREET FT PIERCE FL 34947
Vice President: CHERYL HANDY
1809 SOUTHWEST DRIVE FT PIERCE FL 34947

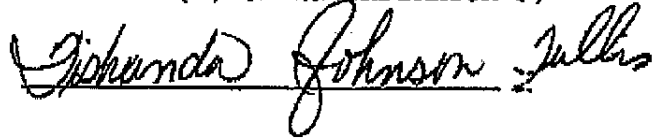
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

TISHUNDA JOHNSON TULLIS
1817 SO 26TH STREET
FT PIERCE FL 34947

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS
(HAVE) EXECUTED THESE ARTICLES OR INCORPORATION THIS
20TH DAY OF AUGUST 2002.

SIGNATURE(S) OF INCORPORATOR(S)

A handwritten signature in cursive script, reading "Tishunda Johnson Tullis", written over a horizontal line.

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:
A+ ASSOCIATED THERAPY PROFESSIONALS, INC.
2. The name and address of the registered agent and office is:
TISHUNDA JOHNSON TULLIS
1817 SO 26TH STREET
FT PIERCE, FL 34947

SIGNATURE
DATE

Tishunda Johnson Tullis
8/21/02

Having been named to accept the service of process for the above stated Corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.32, Florida Statutes.

SIGNATURE

DATE

Tishunda Johnson Tullis
8/21/02

Prepared by:
Novice's Accounting & Tax Service, Inc.
805 Virginia Ave Suite 29
Ft Pierce FL 34982
(561) 461-5987