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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

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**PHYSIO-CARE THERAPEUTICS, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

OF

**PHYSIO-CARE THERAPEUTICS, CORP.**

ARTICLE I - NAME

The name of this corporation is PHYSIO-CARE THERAPEUTICS  
CORP. - - - - -

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. Corporate existence shall commence at the time of the filing of the articles by the Department of the State, State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of One Dollars . . . . . 00/100 - (\$ 1.00 ) par value common stock which shall be designated "COMMON SHARES".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The initial and principal place of business of this corporation shall be at 1835 West Flagler Streest Ste 5 - Miami Fl 33125. The registered agent of this corporation shall be Irene Otano - and the street address shall be located at: 1835 West Flagler Street Ste 5 Miami Fl 33125.

Prepared by:  
Irene Otano  
1835 W. Flagler St. # 5  
Miami Fl 33125  
305-649-0686

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TALLAHASSEE, FLORIDA

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ARTICLE XIII - CAPITAL AMOUNT


The amount of capital with which this corporation shall commence business shall not be less than Five Hundred Dollars . . . . .  
. . .00/100 - - - - (\$ 500.00).

ARTICLE XIV - SUBSCRIBERS

The corporation reserves the right to amend or repeal any provision contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscribers have executed these articles of incorporation this 20 day of August 2002.

President

 (seal)  
\_\_\_\_\_  
NAME

Vice President

\_\_\_\_\_  
NAME (seal)

Secretary

\_\_\_\_\_  
NAME (seal)

STATE OF FLORIDA )  
COUNTY OF DADE ) SS:

Before me, a notary public authorized to take acknowledgement in the state and county set forth above, personally appeared:  
Irene Otano - - - - -

known to me and known by me to the person(s) who executed the foregoing articles of incorporation, and he(they) acknowledged before me that he(they) executed those articles of incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 20 day of August, 2002.



Juan M. Benitez  
Commission # CG 843600  
Expires July 25, 2003  
Bonded Through  
Atlantic Bonding Co., Inc.



JUAN M. Benitez  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registers office/registered agent, in the State of Florida.

1. The name of the corporation is: Physio-Care Therapeutics Corp.

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

Irene Otano  
1835 W. Flagler St. # 5  
Miami FL 33125

SIGNATURE

(Corporate Officer)

TITLE PRESIDENT

DATE August 20, 2002

HAVING BEEN NAMED TO ACCEPT 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 607.325 FLORIDA STATUTES.

SIGNATURE

(Registered Agent)

DATE August 20, 2002

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