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SECRETARY OF STATE  
TALLAHASSEE FLORIDAFlorida Department of State  
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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.**  
**PERSONAL PHYSIO-PERSONALIZED PHYSIOTHERAPY SERVICES,**

Certificate of Status	0
Certified Copy	1
Page Count	03 <sup>4</sup>
Estimated Charge	\$78.75

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TALLAHASSEE FLORIDA

**ARTICLE OF INCORPORATION**

**Personal Physio -- Personalized Physiotherapy Services, Inc.**

**THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY  
ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:**

**ARTICLE ONE**

**THE NAME OF THE CORPORATION: Personal Physio -- Personalized Physiotherapy  
Services, Inc..**

**ARTICLE TWO**

**THE DURATION OF THE CORPORATION IS PERPETUAL**

**ARTICLE THREE**

**THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED  
ARE: Physical Therapy**

**1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFUL BUSINESS  
CONNECTED WITH**

**2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS  
WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH  
OR AUXILIARY TO THE FOREGOING BUSINESS.**

**3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR  
NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.**

**ARTICLE FOUR**

**THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS  
AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A  
SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00**

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE OF THE CORPORATION IS: 921 S. Park Rd. #203 Hollywood, Fl 33021 THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS: Marcia C. Medina

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ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS two(2) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

*President: Marcia C. Medina 921 S. Park Rd. #203 Hollywood, Fl 33021*

*V. President: Rodoverto Medina 921 S. Park Rd. #203 Hollywood, Fl 33021*

*Treasurer:*

*Secretary:*

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ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS ARE OF, Marcia C. Medina 921 S. Park Rd. #203 Hollywood, Fl 33021 THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS 4<sup>th</sup> DAY OF September 2002

  
\_\_\_\_\_  
INCORPORATOR  
Marcia C. Medina

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED Marcia C. Medina, KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION.  
IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON 4<sup>th</sup> DAY OF September 2002

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STATE OF FLORIDA  
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER PERFORMANCE OF MY DUTIES.

  
\_\_\_\_\_  
REGISTERED AGENT  
Marcia C. Medina.

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE  
ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE,  
PERSONALLY APPEARED Marcia Medina. KNOWN TO BE AND KNOWN BY ME  
TO EXECUTE THE FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND  
HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE  
ON 4th DAY OF September 2002

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
  
COMMISSION EXPIRES