

FD-2800/09247

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

900008269269--1  
-10/08/02--01063--001  
\*\*\*\*\*07.50 \*\*\*\*\*07.50

SUBJECT: Theragroup, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: P.H.P. Billing Consulting, Inc.  
Name (Printed or typed)

5400 S. University Drive, Suite 501-K  
Address

Davie, FL 33328  
City, State & Zip

954-680-1770  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT -8 AM 8:26

NOTE: Please provide the original and one copy of the articles.

10-10-02

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

THERAGROUP, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT - 8 AM 8:26

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2501 SW 82 AVENUE  
MIAMI, FL 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REHAB FACILITY

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

PEDRO T. MACHIN, SR.  
2501 SW 82 AVENUE  
MIAMI, FL 33155  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

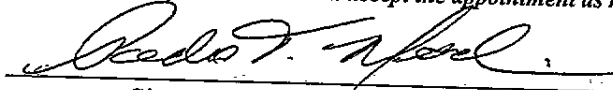
Pedro T. Machin, Sr.  
2501 SW 82nd Ave.  
Miami, FL 33155

**ARTICLE VII INCORPORATOR**

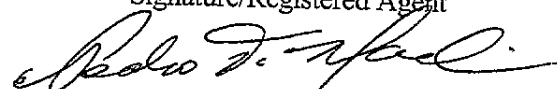
The name and address of the Incorporator is:

PEDRO T. MACHIN, SR.  
2501 SW 82 AVENUE  
MIAMI, FL 33155

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

9-18-02  
Date

  
Signature/Incorporator

9-18-02  
Date