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**LAZARUS CORPORATE FILING SERVICE**

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**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. S. R. THERAPY SERVICES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
\_\_\_\_\_

FILED  
03 JUN 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

S. R. THERAPY SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

6220 N.W. 41 ST  
VIRGINIA GARDENS, FL. 33166

ARTICLES III - SHARES

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

1000 @ \$1.00 EACH ONE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SORAYA REY  
6220 N.W. 41 ST  
VIRGINIA GARDENS, FL. 33166

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Articles of incorporation is(are):

SORAYA REY  
6220 N.W. 41 ST  
VIRGINIA GARDENS, FL. 33166  
100% AS PRESIDENT/TREASURER

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this:

16th day of JUNE 20 03

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, this 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 S. R. THERAPY SERVICES, INC

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

SORAYA REY

(NAME)

6220 N.W. 41 ST

(P. O. BOX NOT ACCEPTABLE)

VIRGINIA GARDENS, FL 33166

(CITY/STATE/ZIP CODE)

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 STATUTES 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 *Soraya Rey*

DATE June 16th/2003

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03 JUN 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA