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Certified Copies	_ Certificates o	of Status
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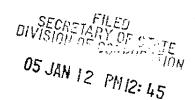
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LAZARUS CORPORATE FILI	NG SERVICE	
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MIAMI, FLORIDA (305)552-5973		

	OFFICE USE ONLY	
CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):	
UNIVERSAL A	MAX TERAPHY CENTER PORP.	
(Corporation Name)	(Décument #)	
2. (Corporation Name)	(Document #)	
3.	(Document *)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time		
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
-		

Examiner's Initials



ARTICLES OF CORPORATION

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

ARTICLE I -NAME

The name of the corporation shall be:

UNIVERSAL MAX THERAPY CENTER CORP.

ARTICLE II - PRINCIPAL OFFICE

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

8554 SW 8 STREET MIAMI FL 33144

ARTICLE III - SHARES

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

500

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAXIMO ALFONSO VALDES 8554 SW 8 STREET MIAMI FL 33144

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MAXIMO ALFONSO VALDES 8554 SW 8 STREET MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this $\underline{11}$ day of JANUARY, $\underline{2005}$.

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

1- MAXIMO ALFONSO VALDES PRESIDENT 100 % 8554 SW 8 STREET MIAMI FL 33144

CERTIFICATE DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature