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#### FLORIDA PROFIT CORPORATION OR P.A.

#### FLORIDA THERAPY ASSOC, INC.



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# ARTICLES OF INCORPORATION OF IALLAHASSEE, FLORIDA

FLORIDA THERAPY ASSOC, INC.

THE UNDERSIGNED FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ADOPT AND DECLARE THE FOLLOWING.

#### ARTICLE I- NAME

THE NAME OF THIS CORPORATION IS: FLORIDA THERAPY ASSOC, INC.

#### ARTICLE II - DURATION.

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

#### ARTICLE III - PURPOSE

THE CORPORATION MAY ENGAGE IN ANY BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

#### ARTICLE IV-CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 10,000 SHARES OF PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED COMMON SHARES.

#### ARTICLE V - INITIAL REGISTERED OFFICE & AGENT.

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS: ROSA M. VISAL

THE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IS: 7800 SW. 87TH AVE. SUITE B-250 MINMI, FL. 33173

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS.

THIS CORPORATION SHALL HAVE DIRECTOR (S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED FROM TIME TO TIME, IN ACCORDANCE WITH THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAME AND ADDRESS OF THE INITIAL DIRECTOR (S) OF THIS CORPORATION IS.

ROSA M. VIDAL 18430 SW. 4TH ST. PEMBROKE PINES, FL. 33029

#### ARTICLE VII - BY-LAWS.

THE BY-LAWS OF THIS CORPORATION MAY BE ADOPTED, ALTERED, AMENDED, OR REPEALED BY EITHER THE STOCKHOLDERS OR THE BOARD OF DIRLCTORS.

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ARTICLE VIII - AMENDMENTS.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY OF THE PROVISIONS CONTAINED IN THESE ARTICLES OR INCORPORATION, IN ACCORDANCE WITH THE PROVISIONS OF THE FLORIDA GENERAL CORPORATIONS ACT.

#### ARTICLE IX - INCORPORATOR (S)

IN WITNESS WHEREOF OF INCORPORATION THE	, the undersigned has ex s 28 day of March	ECUTED THESE ARTICLES OF THE YEAR 2005
THE NAME AND ADDRE	SSES OF THE PERSON (S)	signing these articles
15 (ARE)	271	· ·
SIGNATURE	NAME: ROS	A M. VIDAL
ADDRESS: 18430 SW.	4TH ST PEMBROKE P	INES, FL. 33029
SIGNATURE:	NAME:	
ADDRESS:		
SIGNATURE:	NAME:	
ADI RESS		•

#### ACCEPTANCE BY REGISTERED AGENT.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION: AT THE PLACE DESIGNATED IN ARTICLE "V" OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN SUCH CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

SIGNATURE: ACCEPTANCE
NAME OF RESIDENT AGENT. ROSA M. VIDAL

ADDRESS: 18430 SW. 4TH ST. PEMBROKE PINES, FL. 33029

THIS 28 DAY OF MARCH OF THE YEAR 2005