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Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**FLORIDA PROFIT CORPORATION OR P.A.**

**neuromuscular therapy center of south florida, inc.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**OF**

**NEUROMUSCULAR THERAPY CENTER OF SOUTH FLORIDA, INC.**

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: NEUROMUSCULAR THERAPY CENTER OF SOUTH FLORIDA, INC.

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation: 10167 NW 31<sup>ST</sup> AVENUE, SUITE 102, CORAL SPRINGS, FL 33065.

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares of common stock, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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## ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: GARY P. COHEN, 46 SW FIRST STREET, # 400, MIAMI, FL 33130.

## ARTICLE VII

The name and address of the officers and board of directors shall be:

### **PRESIDENT/SECRETARY**

RENE MAIMONE

10167 NW 31<sup>ST</sup> AVENUE, SUITE 102  
CORAL SPRINGS, FL 33065

## ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 9<sup>TH</sup> day of SEPTEMBER, 2005.

  
INCORPORATOR  
Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

NEUROMUSCULAR THERAPY CENTER OF SOUTH FLORIDA, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO  
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES  
OF INCORPORATION, 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.



**REGISTERED AGENT**

GARY P. COHEN

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