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(Requestor's Name)
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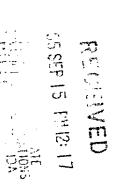
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SECRETARY OF STATE
DIVISION OF CORPERATION



LAZARUS CORPORATE FILMS SERVICE

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3320 344 07 AVENSE	İ
MIAMI, FL 33165 (305) 552	-5973
	Office Use Only
CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):
THERAPY GROW	PASSOCIATES, INC.
	•
(Corporation Nar:)	(Document #)
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(Corporation Nar.)	(Document #)
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Walk in Pick up time	2.20
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

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 1 NAME

The name of the corporation shall be: Therapy Group Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be: 7911 NW 72 Ave Ste # 103
Medley, F1 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Seven (750) hundred and fifty shares one dollar (1) per value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosa Maria Lee 15043 SW 9th Lane Miami, F1 33194-2469

ARTICLE V INCORPORATOR(S)

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

Rosa Maria Lee 15043 SW 9th Lane Miami, Fl 33194-2469

ARTICLE VI DIRECTOR(S)

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

Rosa Maria Lee (President)
15043 SW 9th Lane Miami, F1 33194-2469

Yadira Gutierrez (Vice-president & Secreatary)
7838 W 29th Lane #102 Hialeah, F1 33018

Beatriz Fernandez (Treasurer)
10770 NW 66th St Apt 410 Doral, F1 33178

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8 day of September, 2005

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the 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: Therapy Group Associates, Inc.
2.	The name and address of the registered agent and office is:
	Rosa Maria Lee
	(NAME)
	15043 SW 9th Lane (P.O. BOX NOT ACCEPTABLE)
	(F.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami, F1 33194-2469_
	(CITY/STATE/ZIP)

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.

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SIGNATURE	Rose Man King	OR PA
	2	- -
DATE	Sept 8 '03	
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