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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**  
**ANGEL TOUCH MEDICAL AND REHABILITATION INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF

ANGEL TOUCH MEDICAL AND REHABILITATION INC

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

ARTICLE I NAME

The name of the corporation shall be: ANGEL TOUCH MEDICAL AND REHABILITATION INC

The principal place of business of this corporation shall be:  
10764 SW 24 ST MIAMI FL 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is; ONE HUNDRED SHARES (100) AT ONE DOLLAR (1.00) PER SHARE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALFREDO MARTINEZ

10764 SW 24 ST MIAMI FL 33165

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CLERK OF DISTRICT COURT  
MIAMI, FL 33131

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALFREDO MARTINEZ

10764 SW 24 ST MIAMI FL 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this TWENTY day of OCTOBER, 2005

Signature(s) of Incorporator(s)

  
ALFREDO MARTINEZ

**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: ANGEL TOUCH MEDICAL AND  
REHABILITATION INC

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

ALFREDO MARTINEZ  
(NAME)

10764 SW 24 ST

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33165

(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.

SIGNATURE

  
ALFREDO MARTINEZ

DATE 10-20-05

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CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT