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Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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FLORIDA PROFIT CORPORATION OR P.A.

M.MAJOR PHYSICAL THERAPY, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

M. MAJOR PHYSICAL THERAPY, INC.

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: M. MAJOR PHYSICAL THERAPY, INC.

ARTICLE II - PRINCIPAL OFFICE

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

13581 N.W. 6TH STREET # 101
PEMBROKE PINES, FL 33028

ARTICLE III - NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to:
PRACTICE IN THE FIELD OF PHYSICAL THERAPY.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,000

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ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL MAJOR
13581 N.W. 6TH STREET # 101
PEMBROKE PINES, FL 33028

ARTICLE VI - INCORPORATOR

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

MICHAEL MAJOR
13581 N.W. 6TH STREET # 101
PEMBROKE PINES, FL 33028

The undersigned incorporator has executed these Articles of Incorporation this 20TH day of DECEMBER, 2005


Signature

ARTICLE VII - DIRECTOR(S) & OFFICER(S)

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

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER & DIRECTOR

MICHAEL MAJOR
13581 N.W. 6TH STREET # 101
PEMBROKE PINES, FL 33028

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CERTIFICATE OF 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.

Michael A. Mori
Registered Agent Signature

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