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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

ultra therapy care center corp

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ULTRA THERAPY CARE CENTER CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5854 West 20 Ave Hialeah FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all and any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alejandro Oscar Nalda 5854 West 20 Ave Hialeah FL 33016 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Alejandro Oscar Nalda 5854 West 20 Ave Hialeah FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alejandro Oscar Nalda 5854 West 20 Ave Hialeah FL 33016


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

05/02/2006

Date



Signature/Incorporator

05/02/2006

Date

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