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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 : JOEL SANDERS & COMPANY, PA  
Account Number : 120040000032  
Phone : (954)916-2000  
Fax Number : (954)916-2021

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Florida Medical Massage and Associates, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

FLORIDA MEDICAL MASSAGE and ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3595 SHERIDAN STREET  
SUITE 105  
HOLLYWOOD, FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

LORI SNYDER -PRESIDENT  
2741 SW 81<sup>ST</sup> WAY  
DAVIE, FL 33328

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

LORI SNYDER  
2741 SW 81<sup>ST</sup> WAY  
DAVIE, FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LORI SNYDER  
2741 SW 81<sup>ST</sup> WAY  
DAVIE, FL 33328

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

*Lori Snyder*

Signature/Incorporator

*Lori Snyder*

Date

03/13/07

Date

03/13/07

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